



# ***BOE Membership Application***

## **Membership Application Instructions**

**In order for the Bureau of Explosives (BOE) to have all of your information current and accurate, the application **MUST** be filled out as instructed below. Understand that all plants desired to have membership under the specified company headquarters **MUST** be included on this form.**

### **Page 1**

1. Please indicate number of years desired for membership and whether this is a new or renewal membership. Membership period begins upon receipt of payment rather than by calendar year.
2. Please fill out your company headquarters contact information completely.
3. To receive copies of individual plant inspection reports please check the appropriate boxes.
4. Please designate how billing for plant activities should occur.
5. Please specify BOE Tariff 6000 subscription format – BOE Membership automatically provides a complimentary subscription to BOE Tariff 6000, which will be sent to the company headquarters listed on this application. BOE Membership also entitles your company to reduced prices for all BOE Publications (boepublications.com).
6. Please indicate your company's industry.

### **Page 2 – 4**

7. Please fill out EACH plant that will be covered under your company's membership. If additional space is required, please use as many copies of these pages as necessary.
8. If your company headquarters is also a plant, please fill out its information in this section as well.

### **Page 5**

9. Please indicate proper billing information for BOE Membership.

### **Please return this form to:**

**Viola Arguello  
Bureau of Explosives, TCI  
Phone/Fax: 719-584-7151  
Email: [boeadm@aar.com](mailto:boeadm@aar.com)**

**\* Note: All plants under the specified company headquarters are covered in the membership.**



# BOE Membership Application

Transportation Technology Center, Inc.  
Bureau of Explosives  
55500 DOT Road  
Pueblo, CO 81001  
Phone/Fax : 719-584-7151  
Email: boeadm@aar.com

Date \_\_\_\_\_

## Type of Membership:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> One Year \$540.00      | <input type="checkbox"/> New     |
| <input type="checkbox"/> Two Years \$900.00     | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Three Years \$1,120.00 |                                  |

## Company Headquarters Contact Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Do you wish to receive Copies of Individual Plant Inspection Reports?

- Yes     No     By Email     By Regular Mail

Special Billing Instructions: \_\_\_\_\_

- Invoice Plants Directly     Send All Invoices to Headquarters Contact

### Complimentary Subscription to BOE Tariff 6000: (Please select one)

- BOE Tariff 6000 CD reissued each quarter (CD includes the Emergency Response Guidebook and Transport Canada's Dangerous Goods regulations)
- BOE Tariff 6000 Bound, supplemented each quarter.

### Which of the following best describes your company?

- Trucking Industry     Railroad Industry     Chemical Industry     Other

Any Additional Comments or Special Instructions:

\_\_\_\_\_



# BOE Membership Application

® **Plant Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
Title: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Plant Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
Title: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Plant Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
Title: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



# BOE Membership Application

---

---

**Plant Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

---

---

**Plant Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

---

---

**Plant Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



# BOE Membership Application

---

---

**Plant Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

---

---

**Plant Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

---

---

**Plant Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



**Plant Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Physical Address:** \_\_\_\_\_ **P.O. Box:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_  
**Zip or Postal Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Office Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Upon receipt of your membership application and payment,  
you will receive a BOE Certificate of Membership  
and a complimentary subscription to BOE Tariff 6000.

**Please remit payment to:**

Transportation Technology Center, Inc.  
Bureau of Explosives Membership  
55500 DOT Road  
Pueblo, CO 81001

The BOE accepts  
MasterCard, Visa, and Discover credit cards.  
Please include the following information with your payment.

**Check #:** \_\_\_\_\_ **Purchase Order #:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Cardholder's Printed Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**If you have any questions, please contact Viola Arguello at 719-584-7151.**