## ANNUAL ROAD AND RAIL TRANSPORTATION OF OIL AND HAZARDOUS MATERIALS REGISTRATION FORM

Company Name:	
Headquarters Mailing Address:	
City: Stat	e: Zip Code:
Fax #:	_
Contact Person:	Telephone #:
Address (if different from above):	
	Fax #:
E-mail Address:	
Company is registering for (Check all situati	ons that apply):
Highway transportation of oil in inland	areas
Rail transportation of oil in inland area	s Rail transportation of hazardous materials
Mailing address to send billing form (if differ	ent from mailing address above):
Street Address:	City:
State: Country: _	Zip:
record, report, plan or other document filed or department or by any order, rule, license, per person who violates this subsection commits a	statement, representation or certification in an application, required to be maintained by any law administered by the mit, approval or decision of the board or commissioner. A
attachments thereto and that, based on my inquiry of information, I believe the information is true, accurat property that is the subject of this certification, at rea- on the property, to determine the accuracy of any info	examined the information submitted in this document and all those individuals immediately responsible for obtaining the e, and complete. I authorize the Department to enter the sonable hours, including buildings, structures or conveyances ormation provided herein. I am aware there are significant mation, including the possibility of fine and imprisonment."
	Date:
Signature of Company Official	
Printed Name & Title	
MAINE DEPARTMENT OF ENVIRONMENTAL Bureau of Remediation and Waste Management Division of Oil & Hazardous Waste Facilities Reg 17 State House Station	t (207) 287-6102

Augusta, ME 04333-0017