



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 ENVIRONMENTAL REMEDIATION PROGRAM
REGISTRATION FOR LOW-LEVEL RADIOACTIVE WASTE SHIPPER/CARRIER

Beginning Aug. 28, 2009, and updated Aug. 28, 2012, shipments of certain types of radioactive materials are subject to a fee when traveling in or through the state of Missouri. The fees are described in RSMo 260.392.1, available online at: <http://www.moga.mo.gov/mostatutes/stathtml/26000003921.html>.

Complete this form to register as a Low-Level Radioactive Waste shipper or carrier. This form is used to identify or change authorized representatives assigned to have access to your on-line shipment information.

PART A – BUSINESS INFORMATION

NAME	EPA ID# (Shipper) or DOT# (Carrier)
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ADDRESS

ADDRESS LINE 2	CITY	STATE	ZIP CODE
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NEW APPLICATION REVISED HOLDER OR ACCOUNT INFO REQUEST FOR REACTIVATION

REQUEST FOR DEACTIVATION <input type="checkbox"/>	DEACTIVATION DATE
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PART B - USER ACCOUNT INFORMATION

USER ACCOUNT ACTION ADD <input type="checkbox"/> UPDATE <input type="checkbox"/> DEACTIVATE <input type="checkbox"/>

LAST NAME	FIRST NAME
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CITIZEN APPLICATION GATEWAY USER NAME

JOB TITLE	EMPLOYER'S NAME
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EMAIL	TELEPHONE NUMBER WITH AREA CODE
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ADDRESS	CITY	STATE	ZIP CODE
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USER ACCOUNT ACTION ADD <input type="checkbox"/> UPDATE <input type="checkbox"/> DEACTIVATE <input type="checkbox"/>

LAST NAME	FIRST NAME
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CITIZEN APPLICATION GATEWAY USER NAME

JOB TITLE	EMPLOYER'S NAME
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EMAIL	TELEPHONE NUMBER WITH AREA CODE
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ADDRESS	CITY	STATE	ZIP CODE
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USER ACCOUNT ACTION ADD <input type="checkbox"/> UPDATE <input type="checkbox"/> DEACTIVATE <input type="checkbox"/>

LAST NAME	FIRST NAME
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CITIZEN APPLICATION GATEWAY USER NAME

JOB TITLE	EMPLOYER'S NAME
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EMAIL	TELEPHONE NUMBER WITH AREA CODE
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ADDRESS	CITY	STATE	ZIP CODE
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PART C – REGISTRATION

I request the above identified users be associated with the shipper or carrier listed above. Please establish or revise the above user accounts in accordance with the information provided for each identified account. The persons identified as users are hereby designated as the authorized representatives for all reporting purposes. To the best of my knowledge, I believe the information contained on this form is true, accurate and complete.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME (PRINT OR TYPE)	SIGNATURE	DATE
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OFFICIAL TITLE (PRINT OR TYPE)

Please submit this form by email to: moradshipments@dnr.mo.gov

Or the form can be mailed to: Missouri
Department of Natural Resources
Environmental Remediation Program
P.O. Box 176
Jefferson City, MO 65102-0176

Additional information on radioactive active shipments in Missouri can be found online at: <http://dnr.mo.gov/env/hwp/rad/index.html>.

Questions should be directed to the Hazardous Waste Program, 573-751-3907, or by email at moradshipments@dnr.mo.gov.

FOR OFFICE USE ONLY

RECEIVED BY	DATE
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DATABASE UPDATED BY	DATE
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