



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE 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)                     |   |
| ADDRESS   |  |   |   |
| ADDRESS LINE 2                                    |  | CITY  | STATE ZIP CODE                                    |
| NEW APPLICATION <input type="checkbox"/>          |  | REVISED HOLDER OR ACCOUNT INFO <input type="checkbox"/> | REQUEST FOR REACTIVATION <input type="checkbox"/> |
| REQUEST FOR DEACTIVATION <input type="checkbox"/> |  | DEACTIVATION DATE                                       |   |

**PART B - USER ACCOUNT INFORMATION**

|   |  |                                 |                |
|---|--|---------------------------------|----------------|
| USER ACCOUNT ACTION<br>ADD <input type="checkbox"/> UPDATE <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> |  |                                 |                |
| LAST NAME   |  | FIRST NAME                      |                |
| CITIZEN APPLICATION GATEWAY USER NAME   |  |                                 |                |
| JOB TITLE   |  | EMPLOYER'S NAME                 |                |
| EMAIL   |  | TELEPHONE NUMBER WITH AREA CODE |                |
| ADDRESS   |  | CITY                            | STATE ZIP CODE |

|   |  |                                 |                |
|---|--|---------------------------------|----------------|
| USER ACCOUNT ACTION<br>ADD <input type="checkbox"/> UPDATE <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> |  |                                 |                |
| LAST NAME   |  | FIRST NAME                      |                |
| CITIZEN APPLICATION GATEWAY USER NAME   |  |                                 |                |
| JOB TITLE   |  | EMPLOYER'S NAME                 |                |
| EMAIL   |  | TELEPHONE NUMBER WITH AREA CODE |                |
| ADDRESS   |  | CITY                            | STATE ZIP CODE |

|   |  |                                 |                |
|---|--|---------------------------------|----------------|
| USER ACCOUNT ACTION<br>ADD <input type="checkbox"/> UPDATE <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> |  |                                 |                |
| LAST NAME   |  | FIRST NAME                      |                |
| CITIZEN APPLICATION GATEWAY USER NAME   |  |                                 |                |
| JOB TITLE   |  | EMPLOYER'S NAME                 |                |
| EMAIL   |  | TELEPHONE NUMBER WITH AREA CODE |                |
| ADDRESS   |  | CITY                            | STATE ZIP CODE |

**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 |
|----------------------|-----------|------|

|                                |
|--------------------------------|
| OFFICIAL TITLE (PRINT OR TYPE) |
|--------------------------------|

**Please submit this form by email to:** [moradshipments@dnr.mo.gov](mailto:moradshipments@dnr.mo.gov)

**Or the form can be mailed to:**

Missouri Department of Natural Resources  
Hazardous Waste 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](mailto:moradshipments@dnr.mo.gov).

**FOR OFFICE USE ONLY**

|             |      |
|-------------|------|
| RECEIVED BY | DATE |
|-------------|------|

|                     |      |
|---------------------|------|
| DATABASE UPDATED BY | DATE |
|---------------------|------|