## APPLICATION FOR HAZARDOUS MATERIAL PERMIT

Contact Number: (404) 624-7211

**RETURN COMPLETED FORM TO: Department of Public Safety Attn: Motor Carrier Compliance Division** P. O. Box 1456 Atlanta, Georgia 30371

\*\*\*Acceptable forms of payment are Certified Checks, Money Orders, or Company/Business Checks, made payable to the Department of Public Safety.\*\*\*

Pursuant to Chapter 9 of the Commission's Transportation Rules and Regulations application is hereby made for special permit for vehicles(s), or combination of vehicles, and load(s) as follows:

Any individual or company submitting an application for an annual "Hazardous Material" permit shall include, as an attachment to the application, an Emergency Action Plan which shall include as a minimum, the following: phone number and name of the person and an alternate in the organization who is the primary contact for information, or action, with regard to any movement or emergency situation, (answering machine or recording not acceptable); an estimate of the number of trips and types and quantities of hazardous materials to be transported per trip on the permit issued; general information as to the origins, destinations, and route which would be preferred for the travel; a history of actual movements for the preceding three month period; and name of insurer and policy number.

Number of Annual Permits Ordered	Effective Date	Fee Enclosed \$			
Name of Individual or Company:		Telephone:			
Mailing Address:	City:	State:	Zip:		
Physical Address:	City:	State:	Zip:		
Description of Commodity(s) Transported: _					

\_\_\_\_\_, (Title if for company) \_\_

I\_\_\_\_\_\_, (Title if for company) \_\_\_\_\_\_, do solemnly swear that I have read the foregoing application and all statements and data contained herein are true and correct, and that I understand all provisions and requirements to obtain permits. I further understand that if any part of the permit is violated, the entire permit becomes void.

**Signature of Representative** 

Subscribed and sworn to before me, This \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_\_.

**Notary Public** 

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