APPLICATION FOR HAZARDOUS MATERIALS TRANSPORTATION LICENSE

CHP 361M (Rev. 6-12) OPI 062				Pleas	se print or t	type			
REASON FOR AP	E)	FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK)								
Initial license (\$100.00)							(ii NONE, EEWE BE WIY)			
New license - majo ownership or control	BUSINESS AS (IF NO DBA LEAVE BLANK) SOCIAI (MUST			SOCIAL SECURITY (MUST BE PROVID	OCIAL SECURITY NUMBER (SSN) UST BE PROVIDED FOR INDIVIDUALS)					
Renewal (\$75.00)					TELEPHONE NUM	BER (INCLUDE AREA	A CODE)			
Late renewal (\$100	0.00)	☐ Name Change						`	,	
Dunlicate - license	lost or	PREVIOUS NAME MAIN OFFICE STREET ADDRESS			CITY		TATE	ZIP CODE		
Duplicate - license lost or destroyed (\$5.00) MAIN OFFICE STREET ADDRESS CITY STATE										
change of name ar	Replacement - correction or change of name and/or address only (no fee, attach current license) MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) CITY STATE							ZIP CODE		
Amended - minority	v change in	OWNERSHIP INFORMATION (MARK		•			MAIL LICENSE AT	TENTION:		
ownership or contr				COMPANY (LLC	. —	SHIP				
Pursuant to Section 494.5 of the Business and Professions Code (BPC), the collection of a Social Security Number (SSN) from individual applicants is mandatory; upon receipt its use will be limited to the purpose of complying with the BPC requirements. As the collection of the number is mandatory, any license or permit application received which does not include a SSN, when required, will be returned without processing.										
CALIFORNIA CARRIER DENTIFICATION NUMBER	LICENSE NU	RDOUS MATERIALS TRANSPORTATION JMBER AND EXPIRATION DATE	JIV	ICC NUMBER (IF	AFFEIGABLE)	US DOT NUM APPLICABLE)	BER (II	ALIFORNIA CORPOR JMBER (IF APPLICAE	3LE)	
~ Δ				MC MY						
CA MX PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION (PHMSA) REGISTRATION NUMBER AND EXPIRATION DATE MX FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) HAZARDOUS MASAFETY PERMIT NUMBER AND EXPIRATION DATE (IF APPLICABLE)							RDOUS MATERIALS			
PHMSA	Expira	ation Date		FMCSA		Expir	ation Date			
		SPECIALIZED HIGHWA	Y ROUT	ING REQUIR	EMENT INFORM	MATION				
COPIES OF THE ROUTE MAI (HMX) Explosives: (HMPIH) Poison In (HRCQ) Highway F	PS AND ASSOCIATED subject to Division halation Hazard r Route Controlled ((subject only to the	BELOW ARE SUBJECT TO SPECIALIZ OREQUIREMENTS RELATED TO EACH In 14, California Vehicle Code (material in bulk packaging subj Quantity radioactive materials the general routing requirements).	H CATEGO (CVC). oject to Di subject t	ry, CHECK ALL A ivision 14.3, C to Division 14.	VC. 5, CVC.			IOT(S) TO RECEIVE		
		APPLICANT BAC	KGROU	ND (REQUIRI	ED RESPONSES	S)		YES *	NO	
a. Has the applicant or any company officer ever been issued a similar license/permit by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (Other than a renewal of this license)										
b. Has the applicant or any company officer ever had any similar license/permit denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?										
c. Has the applicant or any officer ever been a partner, officer, director or controlling shareholder in a company or corporation whose license/permit was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?										
d. Has the applicant ever had their authority to transport hazardous materials shipments, for which the display of placards is required, suspended by an agency of the federal government?										
* EXPLAIN ALL YES ANSWERS IN THE SPACE PROVIDED BELOW										
		2::-	A0001	NTINO USE S	NII V					
CHECK NUMBER	CHECK DATE		LICENSE N	NTING USE C	ONLY CONTROL NUMBER	liceri	E DATE	EXPIRATION DAT	TE	
STILOR NOWDER	OFFICIN DATE	GIECK AWOUNT	LICENSE N	TOWNER	CONTROL NUMBER	, 1550	LUAIL	LAFIRATION DA		

CARRIER IDENTIFICATION OF	TERMINALS
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PROVIDE A LIST	T OF CALIFOR	RNIA TERN	INAL LOCATION	ONS FROM	WHICH HA	ZARDOU	S MATERIALS	CARRYING	VEHICLES ARE
	OPERATED	STORED	AND/OR MAIN	TAINED (AT	TACH ADD	IANOITIC	PAGES AS NE	CESSARY)	

OPERATED, STORED, AN			NAL PAGES AS NECESSARY)	VEHICLES ARE
TERMINAL ADDRESS	CITY	ZIP CODE	CONTACT PERSON	PHONE NUMBER (INCLUDE AREA CODE)
MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED	FEE TO THE	ADDRESS BELOW	
Your application will not be processed without				
☐ Complete and accurate entries (SSN, phone	e numbers, address ir	nfo, etc.).		
☐ Proper fees.				
Original authorized signature.				
☐ Check all of the appropriate boxes for the ty	pe(s) of specialized h	ighway routing	requirements that apply to yo	our company.
Carry a copy of the application and copy of than 60 days from the date on the application		ayment in ea	ch vehicle as a tempora	ry license for not more

CERTIFICA	TION INF	ORMATION
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It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to motor carrier safety and hazardous materials transportation. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. Any misrepresentation of a material fact in conjunction with this application is a misdemeanor and may result in denial or revocation of the license. State law allows the State Board of Equalization and Franchise Tax Board to share taxpayer information with the Department and requires a licensee to pay any state tax obligation, or their license may be withheld or suspended if the state tax obligation is not paid.

AUTHORIZED CERTIFIER'S SIGNATURE	PRINT OR TYPE NAME AND TITLE	DATE	

Destroy Previous Editions