APPLICATION FOR HAZARDOUS MATERIALS TRANSPORTATION LICENSE

CHP 361M (Rev. 6-12) OPI 062



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REASON FOR APPLICATION	APPLICANT NAME (COMPANY NAME)			EMPLOYER I.D. NUMBER (EIN) LEAVE BLANK)
Initial license (\$100.00)				,
New license - majority change in ownership or control (\$100.00)	ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF N	O DBA LEAVE BLANK)	SOCIAL S (MUST BE	ECURITY NUMBER (SSN) PROVIDED FOR INDIVIDUALS)
Renewal (\$75.00)	Name Change		TELEPHO	NE NUMBER (INCLUDE AREA CODE)
Late renewal (\$100.00)	PREVIOUS NAME			
Duplicate - license lost or destroyed (\$5.00)	MAIN OFFICE STREET ADDRESS	CITY	STATE	ZIP CODE
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 change in ownership or control (no fee)	OWNERSHIP INFORMATION (MARK ONLY ONE) CORPORATION LIMITED LIABILITY COMPANY (LLC) INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND S		MAIL LICE	ENSE ATTENTION:

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 IDENTIFICATION NUMBER	CHP HAZARDOUS MATERIALS TRANSPORTATION LICENSE NUMBER AND EXPIRATION DATE	ICC NUMBER (IF APPLICABLE)		CALIFORNIA CORPORA NUMBER (IF APPLICABL			
		MC	,	,			
CA		MX					
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION (PHMSA) REGISTRATION NUMBER AND EXPIRATION DATE			FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) HAZARDOUS MATERIALS SAFETY PERMIT NUMBER AND EXPIRATION DATE (IF APPLICABLE)				
PHMSA	Expiration Date	FMCSA	Expiration Date				
	SPECIALIZED HIGHWAY ROU	JTING REQUIREMENT INFOR	MATION				
HAZARDOUS MATERIAL SHIPMENTS INDICATED BELOW ARE SUBJECT TO SPECIALIZED ROUTING REQUIREMENTS. TO BE PLACED ON THE APPROPRIATE MAILING LIST(S) TO RECEIVE COPIES OF THE ROUTE MAPS AND ASSOCIATED REQUIREMENTS RELATED TO EACH CATEGORY, CHECK ALL APPLICABLE BOXES.							
(HMX) Explosives subject	(HMX) Explosives subject to Division 14, California Vehicle Code (CVC).						
(HMPIH) Poison Inhalatio	n Hazard material in bulk packaging subject to	Division 14.3, CVC.					
(HRCQ) Highway Route ((HRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.5, CVC.						
None of the above (subject only to the general routing requirements contained in Section 31303, CVC, and Section 397.67 of Title 49, Code of Federal Regulations).							
APPLICANT BACKGROUND (REQUIRED RESPONSES) 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 suspended by an agency o	their authority to transport hazardous materials f the federal government?	s shipments, for which the displa	ay of placards is required,				
* EXPLAIN ALL YES ANSWERS IN THE SPACE PROVIDED BELOW							

CHP ACCOUNTING USE ONLY						
CHECK NUMBER	CHECK DATE	CHECK AMOUNT	LICENSE NUMBER	CONTROL NUMBER	ISSUE DATE	EXPIRATION DATE

CARRIER IDENTIFICATION OF TERMINALS

PROVIDE A LIST OF CALIFORNIA TERMINAL LOCATIONS FROM WHICH HAZARDOUS MATERIALS CARRYING VEHICLES ARE
OPERATED, STORED, AND/OR MAINTAINED (ATTACH ADDITIONAL PAGES AS NECESSARY)

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 all of the following:

Complete and accurate entries (SSN, phone numbers, address info, etc.).

Proper fees.

Original authorized signature.

Check all of the appropriate boxes for the type(s) of specialized highway routing requirements that apply to your company.

Carry a copy of the application and copy of your method of payment in each vehicle as a temporary license for not more than 60 days from the date on the application.

CERTIFICATION INFORMATION						
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			