



# ***BOE Membership Application***

## **Membership Application Instructions**

In order for the Bureau of Explosives (BOE) to have all of your information current and accurate, this application **MUST** be filled out as instructed below. All plant locations desiring membership under the specified company headquarters must be filled out in this form.

### **Page 1**

1. Only a Three-year membership is available. Please indicate if this is a new or renewal membership. Membership period begins upon receipt of payment rather than by calendar year.
2. Please fill out your company headquarters contact information completely.
3. To receive copies of individual plant inspection reports please check the appropriate boxes.
4. Please designate how billing for plant activities should occur.

### **Pages 2 – 4**

5. Please fill out EACH plant that will be covered under your company's membership. If additional space is required, please use as many copies of these pages as necessary.
6. If your company headquarters is also a plant, please fill out its information in this section as well.
7. Please identify any special requirements for each plant. (Examples include: mo/yr of inspection and/or training)

### **Page 5**

9. Please indicate proper billing information for BOE Membership.

### **Please return this form to:**

Transportation Technology Center, Inc.  
Bureau of Explosives  
55500 DOT Road  
Pueblo, CO 81001

Or email to: [BOE@aar.com](mailto:BOE@aar.com)

**NOTE: All plants under the specified company headquarters are covered by the membership.**



# BOE Membership Application

Transportation Technology Center, Inc.  
Bureau of Explosives  
55500 DOT Road  
Pueblo, CO 81001

Date \_\_\_\_\_

## Type of Membership:

Three Years \$1,440.00

New

Renewal

## Company Headquarters Contact Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Do you wish to receive copies of Individual Plant Inspection Reports?

Yes or  No If so:  Via Email or  Via Regular Mail

Billing Instructions: \_\_\_\_\_

OR

Invoice Plants Directly or  Send All Invoices to Headquarters Contact

### Any Additional Comments or Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# BOE Membership Application



Plant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Special Requirements/Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Special Requirements/Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# BOE Membership Application



Plant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Special Requirements/Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Special Requirements/Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Plant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

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Special Requirements/Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Zip or Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Special Requirements/Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ***BOE Membership Application***

**Please remit payment to:**

Transportation Technology Center, Inc.  
Bureau of Explosives  
55500 DOT Road  
Pueblo, CO 81001

The Bureau of Explosives accepts  
MasterCard, Visa, and Discover credit cards.

**PLEASE NOTE WE NO LONGER ACCEPT AMERICAN EXPRESS.**

Please include the following information with your payment.

Check #: \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have any questions, please contact the BOE Administration at [boe@aar.com](mailto:boe@aar.com) or by phone (719) 584-7151.