



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.

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1. 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.

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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)

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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

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:

- One Year \$840.00 Two Years \$1,380.00 New
 Three Years \$1,690.00 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: _____

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

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 DO NOT send credit card by email. Call (719) 584-7151 to make a credit card payment.

Check #: _____ Purchase Order #: _____

Phone Number: _____

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