

7. PRIOR-YEAR SURVEY INFORMATION: Hazardous Materials Activities, and States in Which Activity was Conducted.

Indicate those activities conducted by the registrant during the previous calendar year (e.g., 1997 for the 1998-99 Registration Year). Mark "A" through "E," as appropriate, to indicate the category or categories and the activity or activities (shipper, carrier, or other) in which the registrant acted. Check all categories and activities that apply. "Other" may be checked to indicate offeror activities not covered under the heading of shipper or carrier, such as freight forwarder or agent. Carriers should circle all states in which they operated as a hazardous materials carrier. Shippers and others engaged in offering hazardous materials should circle only those states from which they offered hazardous materials. They do not need to indicate to or through which states shipments were sent. A list of the states and their abbreviations appears in the accompanying materials. Circle "48 Contiguous States," if appropriate, to indicate that the activity was conducted in all of the 48 contiguous states. If the registrant did not engage in activities covered by "A" through "E" during the previous year, but plans to do so in the current registration year, mark only "F."

A. _____ Offered or transported in commerce any highway route-controlled quantity of a Class 7 (radioactive) material.

- 1. Shipper _____
 - 2. Carrier _____
 - 3. Other (Freight Forwarder, Agent, etc.) _____
- AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN
 MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

B. _____ Offered or transported in commerce more than 25 kilograms (55 pounds) of a Division 1.1, 1.2, or 1.3 (explosive) material in a motor vehicle, rail car, or freight container.

- 1. Shipper _____
 - 2. Carrier _____
 - 3. Other (Freight Forwarder, Agent, etc.) _____
- AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN
 MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

C. _____ Offered or transported in commerce more than 1 liter (1.06 quarts) per package of a material extremely toxic by inhalation (materials poisonous by inhalation that meet one of the defining criteria for Hazard Zone A).

- 1. Shipper _____
 - 2. Carrier _____
 - 3. Other (Freight Forwarder, Agent, etc.) _____
- AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN
 MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

D. _____ Offered or transported in commerce a hazardous material or hazardous waste in a bulk packaging (see 49 CFR 171.8) having a capacity equal to or greater than 13,248 liters (3,500 gallons) for liquids or gases or more than 13.24 cubic meters (468 cubic feet) for solids.

- 1. Shipper _____
 - 2. Carrier _____
 - 3. Other (Freight Forwarder, Agent, etc.) _____
- AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN
 MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

E. _____ Offered or transported in commerce a shipment, in other than a bulk packaging, of 2,268 kilograms (5,000 pounds) gross weight or more of one class of hazardous materials or hazardous waste for which placarding of a vehicle, rail car, or freight container is required.

- 1. Shipper _____
 - 2. Carrier _____
 - 3. Other (Freight Forwarder, Agent, etc.) _____
- AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN
 MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT
 VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

F. _____ Did not engage in any of the activities listed in A through E during the previous calendar year.

8. Certification of Information. I certify that, to the best of my knowledge, the above information is true, accurate, and complete.

Certifier's Name _____ Date _____
(Print the signer's name)

Title _____ Phone (_____) _____

Certifier's Signature _____

FALSE STATEMENTS MAY VIOLATE 18 U.S.C. 1001.

**MAIL COMPLETED FORM
WITH PAYMENT TO :**

U.S. Department of Transportation
Hazardous Materials Registration
P.O. Box 740188
Atlanta, GA 30374-0188

Please retain a copy of this form for your records.