



**Form RPP-1  
REGISTRATION TO TRANSPORT  
HAZARDOUS RADIOACTIVE MATERIALS**

**I. SITE & COMPANY INFO**

a. PHYSICAL ADDRESS (site-specific)	NAME		
	STREET		
b. MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
	STREET/P.O. BOX		
c. TELEPHONES	CITY	STATE	ZIP CODE
	BUSINESS	EMERGENCY	

**II. POINTS OF CONTACT**

	CHIEF EXECUTIVE OFFICER	RADIATION SAFETY OFFICER	PRINCIPAL CONTACT PERSON
NAME			
TITLE			
OFFICE PHONE			
FACSIMILE			
EMAIL			

**III. TRANSPORTATION**

MODE(S) – check all that apply      :HIGHWAY      :RAIL      :MARINE      :AIR      :OTHER

ESTIMATED NUMBER (in/through VA) PER YEAR \_\_\_\_\_ If OTHER, please specify: \_\_\_\_\_

**IV. CERTIFICATION**

In accordance with regulations promulgated under Title 44, Code of Virginia, Chapter 3.3, Section 44-146.30, I hereby certify that all hazardous radioactive material shipments transported throughout the Commonwealth of Virginia will be fully and accurately described by proper shipping name and will also be properly classified, described, packaged, marked and labeled, and in proper condition for transportation according to all applicable federal and state rules and regulations.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
(please print) (please print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(electronic signature permissible)

ITEMS BELOW THIS LINE FOR VDEM USE ONLY

**V. APPROVAL**

SIGNATURE \_\_\_\_\_ REGISTRATION NO.: \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_