

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2019-2020**

Registrant: WEST BEND TRANSIT AND SERVICE CO

ATTN: Steve Fechter
105 FOREST AVE PO BOX 477
WEST BEND, WI 53095-0477

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 050919600011B Effective: July 1, 2019 Expires: June 30, 2020

HM Company ID: 7039

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

9. Prior-Year Survey Information. Mark all categories and activities engaged in during the previous calendar year (e.g., 2011 for the 2012-2013 Registration Year) and the state(s) in which you operated (see instructions).

Category	Activity Offered or transported in commerce;	Mark all that apply "X"		
		Shipper	Carrier	Other (Freight Forwarder, Agent, etc.)
A <input type="checkbox"/>	a highway route controlled quantity of a Class 7 (radioactive) material.			
B <input type="checkbox"/>	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.			
C <input type="checkbox"/>	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).		X	
D <input type="checkbox"/>	a hazardous material (including hazardous wastes) 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.		X	
E <input type="checkbox"/>	a shipment, in other than a bulk packaging, of 2,268 kilograms (5,000 pounds) gross weight or more of one class of hazardous material (including hazardous wastes) for which placarding of a vehicle, rail car, or freight container is required.		X	
F <input type="checkbox"/>	a shipment of a quantity of hazardous material (including hazardous wastes) that requires placarding of the bulk packaging, freight container, unit load device, transport vehicle, or rail car, other than those included in A through E above. Activities performed by farmers are generally excepted. See 49 CFR 107.601(b)		X	
G <input checked="" type="checkbox"/>	Did not engage in any of the activities listed in A through F during the previous calendar year.			

Select States in which any of the above were engaged in during the past calendar year (see instructions).

<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> WA	<input type="checkbox"/> CO	<input type="checkbox"/> CT
<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> ID	<input checked="" type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA
<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI
<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE
<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK
<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX
<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WV	<input checked="" type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR
<input type="checkbox"/> AK	<input type="checkbox"/> AS	<input type="checkbox"/> DC	<input type="checkbox"/> GU	<input type="checkbox"/> HI	<input type="checkbox"/> MP	<input type="checkbox"/> VI
<input type="checkbox"/> ALL 48 CONTIGUOUS STATES						

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

Certifier's Name Steve Fechter
(Print clearly)

Phone 262-334-2386

E-mail sfechter@westbendtransit.com

Certifier's Signature _____ Date _____

FALSE STATEMENTS MAY VIOLATE FEDERAL LAW (18 U.S.C. 1001).

Please retain a copy of this form for your records.



**U.S. Department of Transportation
Pipeline and Hazardous Materials Safety Administration
Hazardous Materials Registration Statement
(Please type or print all responses)**

1. Type of Registration

Initial Registration Renewal of Registration Amendment to Registration

2. Registrant

WEST BEND TRANSIT AND SERVICE CO

(Company Name)

3. Mailing Address of Principal Place of Business**Physical Address (if different)**

Street: **105 FOREST AVE PO BOX 477**
City: **WEST BEND**
County: **WASHINGTON**
State: **WI**
Zip Code: **53095-0477**
Country: **US**

Street:
City:
County:
State:
Zip Code:
Country:

4. Registrant's USDOT Number, MC/MX Number, or Railroad Alphabetic Code (if applicable)

USDOT# : **046570**

MC/MX # : **44469**

Railroad Alphabetic Code :

5. Mode(s) Used to Transport Hazardous Materials Highway Rail Water Air**6. Business Category** (determined by answering a through c below)

- a) North American Industry Classification System (NAICS) Code for Primary Business Activity **484110**
- b) Using SBA size standard for the NAICS Code entered above (mark one)
 Small Business as defined by SBA Not a SBA Small Business
- c) Not-for-Profit Organization under 26 U.S.C. 501(a) Yes No

7. Registration Period

July 1, 2019 To June 30, 2020

8. Registration Fees

Total Amount Due for this Registration **\$275.00**

Make check or money order in U.S. funds, drawn on a U.S. bank, and payable to "U.S. Department of Transportation," and identified as payment of the "Hazmat Registration Fee."

Method of Payment (check one)

Paper check Credit card ACH



U.S. Department
of Transportation

Pipeline and Hazardous
Materials Safety Administration

1200 New Jersey Avenue, S.E.
Washington, D.C. 20590

HAZARDOUS MATERIALS REGISTRATION PROGRAM
RECEIPT FOR ELECTRONIC PAYMENT

Company Name:	WEST BEND TRANSIT AND SERVICE CO
Agency Tracking ID:	391517
Pay.Gov Tracking ID:	26HB6R5M
Amount Due:	\$275.00
Payment Amount:	\$275.00
Balance Due:	\$0.00
Payment Type:	
Payment Date	May 8, 2019