

Exhibit D
HOS Port LLC

Authorization to transport, store or transfer NLS, Toxic or Hazardous, or Dangerous Goods on Facility

1. MODE OF TRANSPORTATION, STORAGE OR TRANSFER	2. COMPANY INVOLVED	3. CONTACT NAME AND PHONE NUMBER		
4. ADDRESS OF COMPANY INVOLVED		5. DESCRIPTION OF HOW MATERIAL IS BEING TRANSPORTED, STORED OR TRANSFERRED		
6. PROPER SHIPPING NAME OF MATERIAL	7. CHEMICAL/TRADE NAME	8. HAZARD CLASS	9. ID NUMBER	
10. NLS, TOXIC OR HAZARDOUS OR DANGEROUS GOODS		11. QUANTITY OF MATERIAL		
12. DESCRIPTION OF CONTAINER, PACKAGING OR VESSEL		13. COPY OF MANIFESTS AND MSDS SHEETS PROVIDED TO FACILITY		
14. GENERAL COMMENTS				
REPRESENTATIVE REQUESTING AUTHORIZATION SIGNATURE: _____ DATE: _____				
REPRESENTATIVE NAME (PRINT): _____				
FACILITY MANAGER OR DESIGNEE SIGNATURE: _____ DATE: _____				
FACILITY MANAGER OR DESIGNEE NAME (PRINT): _____				

