**EXPRESSIONS OF INTEREST FORM**

**Assessment of safety for handling, storage, and transportation of hazardous material in Aqaba**

|  |  |
| --- | --- |
| Company Full Name: |  |
| Principal Contact Person and Title: |  |
| Address: |  |
| Telephone: |  |
| Fax number: |  |
| Email: |  |
| Website: |  |
| 1) Brief profile of the company and its relevant industry experience | |
| 2) Specialization | |
| Signed by duly authorized representative  Name:  Signature:  Date: | |