Reset Form | Print Form

OREGON DEPARTMENT OF REVENUE

Oregon Petroleum Load Fee Registration for Oregon Business Identification Number (BIN)

• Print or type all information.

FOR OFFICE USE ONLY
Date received
Business identification number (BIN)

Business name (including dba)			Federal employer identification number (FEIN)	
Business address—street (bulk facility location)	City	State	ZIP code	County
Mailing address—street	City	State	ZIP code	Business telephone number ( )
Location of business records (if different from above)	City	State	ZIP code	Records telephone number ( )
Contact person	Daytime telephone number	E-mail address		Date business started

Type of petroleum products association

☐ Bulk facility ☐ Importer ☐ Bulk facility / seller ☐ Seller

If you are a bulk facility only (not a seller), list your customers in the spaces provided. Use back of form if needed.

1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____

Type of Organization

☐ Sole proprietor ☐ Partnership ☐ Corporation LLC — ☐ Organized as a sole proprietor ☐ Organized as partnership ☐ Organized as a corporation

☐ Other _____

Names of owners, partners, or corporation officers. Please print clearly:

Name	Street address	City, state, ZIP code	Social security number

Approximate number of petroleum loads **withdrawn** per quarter _____

Approximate number of petroleum loads **imported** per quarter _____

This information will be used primarily by the Oregon Department of Revenue for identification and compliance purposes in the administration of programs related to hazardous materials.

Under penalty of false swearing, I declare the information in this document and any attachments is true, correct, and complete.

Signature	Date
X	

PRINT name signed above	Title	Daytime telephone number
		( )

Mail to: **Petroleum Load Fee**
Oregon Department of Revenue
PO Box 14110
Salem OR 97309-0910

Or fax to: **503-947-2255**