

2025 Form OR-PLF-R



Page 1 of 1, 150-608-001
(Rev. 07-23-24, ver. 01)

Oregon Department of Revenue

Oregon Petroleum Load Fee Registration

For office use only

Date received

Print or type all information:

Business name (including dba)		Federal employer identification number (FEIN)		Organization type
Mailing address		County		
City	State	ZIP code		
Business address (bulk facility location)				
City	State	ZIP code	Business phone	
Location of business records (if different from address above)				
City	State	ZIP code	Records phone	
Contact person	Daytime phone		Date business started	
Email address				

Type of petroleum products association

☐ Importer ☐ Bulk facility / seller ☐ Seller ☐ Owners ☐ Officers ☐ Partner information

List all owners, officers, or partners. Please print clearly (use additional sheets if necessary)

First name	Initial	Last name	Social Security number (SSN)
Mailing address			County
City	State	ZIP code	
First name	Initial	Last name	Social Security number (SSN)
Mailing address			County
City	State	ZIP code	

Approximate number of petroleum loads **withdrawn** per quarter _____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	Daytime phone
X	/ /	- -
Print name signed above	Title	

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

For more information:
Go to www.oregon.gov/dor/business
or email osbp.help.dor@dor.oregon.gov

Keep a copy for your records