



**APPLICATION FOR
USE FUEL USER LICENSE
STATE OF OREGON**
ORS 319.510 - 319.990

OREGON DEPARTMENT OF TRANSPORTATION
FUELS TAX GROUP
550 CAPITOL ST NE
SALEM OR 97301-2530
(503) 378-8150

NOTE: Use Fuel User licenses are not transferable. Changes in ownership or Taxpayer Identification Number require re-licensing. Form 735-1326, Use Fuel Vehicle Emblems (if required), must be completed and include all vehicles subject to Use Fuel tax reporting requirements.

Part 1. Identifying Information **COMPLETE ALL APPLICABLE FIELDS or INDICATE N/A**

1. Legal Name: _____

2. Trade Name (DBA): _____

3. TAXPAYER IDENTIFICATION NUMBER (SSN or FEIN):

For partnerships that elect to file as a sole proprietorship as authorized by the Small Business and Work Opportunity Tax Act of 2007 (Public Law 110-28), the names and SSNs of both spouses are required on this application.

Name of Spouse: _____ SSN of Spouse:

4. Business Address (Physical): (REQUIRED)

Street: _____

City: _____ State: _____ ZIP: _____ County: _____

5. Mailing Address:

Street or PO Box: _____

City: _____ State: _____ ZIP: _____

6. Primary Contact: _____ E-mail: _____

Phone: _____ Fax: _____

7. Reporting Contact: _____ E-mail: _____

(if different)

If the Contact person is not an employee or qualified spouse (see #3) of the applicant, an executed Power of Attorney is required

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

8. Location of Records: (If different than business address)

Street: _____

City: _____ State: _____ ZIP: _____ County: _____

Part 2. Business Operations Information List federal (637) Number (if applicable): _____

9. Are bulk storage tanks/facilities maintained in Oregon? Yes No

10. If yes, explain operations. _____

11. Indicate number of tanks, capacities and locations. _____

12. Check all additional types of fuel purchasing arrangements used:

- Cardlock Keylock Co-operative Service Station Bio-fuel Production
 Other
(Explain) _____

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13. Provide the following information about Use Fuel suppliers. **ATTACH ADDITIONAL PAGES IF NEEDED.**

Name	Address

Part 3. Ownership Information

14. Type of Ownership:
- | | | | | |
|--|--|---|--------------------------------------|---|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership (LP) |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Road\Fire\Special District | <input type="checkbox"/> Government | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School/Education Service District | | | | |

State of Incorporation (CORP): _____ Date Incorporated: _____

State of Organization (PRTSHP, LP, LLP, LLC): _____ Date Organized: _____

Attach copy of Articles of Incorporation, LLC Operating Agreement, Partnership Agreement, Charter or Certificate of Authority To Do Business

15. **Each corporate officer, principal, manager, partner or owner must complete the information requested below. If needed, attach additional sheet(s) to provide the information requested in this application.**

(Mark Applicable Box for title): Owner Manager Member Partner Officer/Title _____

Full Name (first, middle, last): _____

Residence Address: _____

Telephone (residence): _____ Telephone (business): _____

(Mark Applicable Box for title): Owner Manager Member Partner Officer/Title _____

Full Name (first, middle, last): _____

Residence Address: _____

Telephone (residence): _____ Telephone (business): _____

16. List Full Name of Directors: _____ Full Address: _____

17. List Full Name of Shareholders with controlling interest in corporation**: _____ Full Address: _____

** If there are 15 or less shareholders, all shareholders have a controlling interest. If there are more than 15 shareholders, shareholders with 5% or more ownership have a controlling interest.

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18. All Domestic and Foreign Limited Partnerships, Limited Liability Partnerships, Corporations and LLC's doing business in Oregon **must** register with the Oregon Secretary of State, Corporation Division (out of state card issuers may be excepted upon approval from Fuels Tax Group).

a) Date qualified to do business in Oregon (month/day/year) _____

b) Business Registration Number _____

19. Has the corporation, LLC, LLP, LP, partnership or any officers, members, controlling shareholders of the corporation or owners of the business been convicted of any felony or misdemeanor involving motor fuel?

Yes No (If yes, explain) _____

20. If business is based in another state, list name, address, telephone number and fax number of this state's registered agent.

Name: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

21. Date of first use of fuel in this state. **(REQUIRED)**

22. If the business was acquired, from whom was it acquired?

23. List any previous Oregon Use Fuel User licenses issued to this applicant.

NOTE

Vehicles operated exclusively under a Motor Carrier Transportation Division permit for which weight/mile tax is paid on ALL operations are exempt from the (per gallon) Use Fuel tax.

Vehicles where only a portion of the operations are subject to weight/mile tax are subject to Use Fuel Tax on the remaining operations. For example: tow truck operators and mobile home haulers who operate vehicles loaded as well as solo.

Part 4. Certification

- A LICENSED USE FUEL USER IS REQUIRED TO KEEP AND MAINTAIN, WITHIN THE STATE, FOR A PERIOD OF THREE YEARS, A COMPLETE RECORD OF USE FUEL USED. **IF THE APPLICANT ELECTS TO MAINTAIN SUCH RECORDS AT LOCATIONS OTHER THAN IN OREGON, THE APPLICANT MUST REIMBURSE THE STATE OF OREGON** FOR TRAVEL EXPENSE, INCLUDING MEALS AND LODGING COSTS, INCURRED BY ITS AUDITORS WHEN THEY ARE REQUIRED TO GO OUTSIDE OF OREGON TO CONDUCT AUDITS AND EXAMINATIONS OF SUCH RECORDS.
- AN APPLICANT MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION, INCLUDING, BUT NOT LIMITED TO, CERTIFIED FINANCIAL STATEMENTS AND COPIES OF FEDERAL INCOME TAX RETURNS AND FEDERAL EXCISE TAX RETURNS FOR THE PAST THREE YEARS FOR THE INDIVIDUAL, PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY COMPANY, INCLUDING THE RETURNS OF THE OFFICERS AND PARTNERS.
- THE APPLICANT AUTHORIZES THE DEPARTMENT TO OBTAIN INFORMATION FROM OUTSIDE SOURCES, INCLUDING CREDIT BUREAUS, PRIOR TO ISSUANCE OF A USE FUEL USER LICENSE IN OREGON.
- THE UNDERSIGNED HEREBY UNDERSTANDS THAT THE OREGON DEPARTMENT OF TRANSPORTATION MAY SHARE ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION AS WELL AS ANY INFORMATION CONTAINED ON TAX REPORTS WITH TAXING AGENCIES IN OTHER JURISDICTIONS OR WITH THE FEDERAL GOVERNMENT.
- THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE. THIS CERTIFICATION IS GIVEN WITH THE UNDERSTANDING THAT IT IS A CRIME, UNDER ORS 162.075, TO CERTIFY THE TRUTH OF A STATEMENT KNOWING THAT THE STATEMENT IS NOT TRUE. SUCH A CRIME IS PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR, A FINE OF \$2,500.00, OR BOTH.

OFFICIAL HOLDING PROPER AUTHORITY (PRINT NAME AND TITLE)	
SIGNATURE OF OFFICIAL X	DATE SIGNED

**FORWARD THE ORIGINAL SIGNED APPLICATION TO THE ADDRESS LISTED AT THE TOP OF PAGE 1.
APPLICATIONS MAY ALSO BE PRINTED FROM THE FUELS TAX GROUP WEBSITE:**

www.oregon.gov/odot/cs/ftg

INSTRUCTIONS FOR COMPLETING APPLICATION

1. LEGAL NAME: Name under which taxes are filed and which corresponds to the Taxpayer Identification Number listed. Non-personal names must be registered with the Secretary of State Corporation Division.
2. TRADE NAME (DBA) Additional name under which business is conducted. DBA's or Assumed Business Names must be registered with the Secretary of State Corporation Division.
3. TAXPAYER ID NUMBER Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of the legal entity/owner
4. BUSINESS ADDRESS Physical location of place of business (REQUIRED)
5. MAILING ADDRESS Different location or P.O. Box where mail is to be sent
6. PRIMARY CONTACT Person responsible for decisions regarding this license
7. LICENSING CONTACT Person responsible for initial licensing activities
8. REPORTING CONTACT Person responsible for periodic reporting to Fuels Tax Group
9. LOCATION OF RECORDS Address where records relating to fuel purchased/used is maintained
10. TYPE OF OWNERSHIP Select appropriate box or fill in other. Complete applicable fields related to the type of ownership selected regarding date, state and number.

NOTE: Government or related state agencies must contact the Fuels Tax Group for further instructions.

11. OWNERSHIP INFO Complete personal information for each applicable person
12. DIRECTORS List name and address of each Director
13. SHAREHOLDERS List Name and address of each shareholder with controlling interest
14. REGISTRATION Indicate if registered with the Corporation Division including date of qualification and Registry number
15. FELONY/MISDEMEANOR Indicate if any member has been convicted of a felony or misdemeanor involving motor fuel.
16. REGISTERED AGENT List Oregon registered agent information if legal entity is based outside Oregon (REQUIRED)
17. FIRST USE Date of first use of fuel in the state subject to reporting and taxation requirements
18. ACQUISITION Previous owner of business (if applicable)
19. BULK STORAGE Indicate if bulk storage is used, location and capacity
22. OTHER ARRANGEMENTS Indicate where fuel is purchased
23. SUPPLIERS List all suppliers names and addresses