



**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. Type of Ownership: Proprietorship Individual Corporation Partnership Limited Partnership (LP)
 Limited Liability Partnership (LLP) Limited Liability Company (LLC) Government
 School/Education Service District Road\Fire\Special District Other _____

State of Incorporation (CORP): _____ Date Incorporated: _____ Corporate Number: _____
State of Organization (LLC): _____ Date Organized: _____ LLC Number: _____
State of Organization (PRTSHP, LP, LLP): _____ Date Organized: _____

2. Legal Name: _____

3. Trade Name (DBA): _____

4. 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:

5. Business Address (Physical): (REQUIRED)

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

6. Mailing Address:

Street or PO Box: _____
City: _____ State: _____ ZIP: _____

7. Primary Contact: _____ E-mail: _____

Phone: _____ Fax: _____

8. Reporting Contact: (if different) _____ E-mail: _____

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: _____

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

Street: _____

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

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Part 2. Ownership Information

1. All Domestic and Foreign Limited Partnerships, Limited Liability Partnerships, Corporations and LLC's **with facilities operating in Oregon** must register with the Oregon Secretary of State, Corporation Division (see Instructions for additional information).

- a) Are you registered with the Corporation Division of the Secretary of State? Yes No
- b) Date that you qualified to do business in Oregon (month/day/year) _____
- c) Business Registration Number _____ State (if not Oregon) _____

2. If your 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: _____

3. 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) _____

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

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

6. Has the corporation, LLC, LLP, LP, partnership or proprietorship now or in the past conducted any other business using a DBA?

- Yes No (If yes, explain) _____

7. Does the corporation, LLC, LLP, LP, partnership or proprietorship own any property in Oregon?

- Yes No (If yes, explain) _____

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

Part 3. Business Operations Information

List federal (637) Number (if applicable): _____

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

2. If yes, explain operations. _____

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

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

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

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

Name	Address

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.

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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	DATE SIGNED
X	

**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. 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.
2. 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.
3. 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.
4. TAXPAYER ID NUMBER Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of the legal entity/owner
5. BUSINESS ADDRESS Physical location of place of business (REQUIRED)
6. MAILING ADDRESS Different location or P.O. Box where mail is to be sent
7. PRIMARY CONTACT Person responsible for decisions regarding this license
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

PART 2

1. REGISTRATION Indicate if registered with the Corporation Division including date of qualification and Registry number
2. REGISTERED AGENT List Oregon registered agent information if legal entity is based outside Oregon (REQUIRED)
3. FELONY/MISDEMEANOR Indicate if any member has been convicted of a felony or misdemeanor involving motor fuel.
4. FIRST USE Date of first use of fuel in the state subject to reporting and taxation requirements
5. ACQUISITION Previous owner of business (if applicable)
6. PREVIOUS DBAs List any DBAs under which operations have occurred
7. PROPERTY List any property owned by the entity
8. PREVIOUS LICENSES List any previous licenses issued by the Fuels Tax Group to this entity

PART 3

1. BULK STORAGE Indicate if bulk storage is used, location and capacity
2. OPS DESCRIPTION How does your business operate
3. TANK INFORMATION Location and capacities
4. OTHER ARRANGEMENTS Indicate where fuel is purchased
5. SUPPLIERS List all suppliers names and addresses