

Instructions for Completing a Transporter Application for a 3-Year Vehicle Transporter Certificate

(Originals and Renewals)

Complete the application. You must include an email address on Line 5.

Legal Name - If your business is a sole proprietorship, list your full name as the legal name. If your business is a partnership, list the full names of each partner or the partnership name. If your business is an LLC, list the name of the limited liability company (includes "LLC") registered with Oregon's Secretary of State Corporations Section (Business Registry). If your business is a corporation, list the name of the corporation (includes Inc, Corp, etc.) registered with Business Registry. All partnerships, LLCs, and corporations must be registered with Oregon's Secretary of State.

Business Name - If using an assumed business name or trade name, list the business name registered with Business Registry.

Oregon Registry Numbers - If you do not know your Oregon registry number(s), contact Business Registry at 503-986-2200 or sos.oregon.gov/business/pages/default.aspx

Federal Employer Identification Number (FEIN) - You must provide your FEIN. To apply for an FEIN, visit **www.IRS.gov**. It is free from the IRS.

Business Location - List the main business location of the transporter business.

If main location is outside Oregon -

- List any Oregon location(s) on Lines 6 and 7.
- Attach a copy of your certificate, license, permit or similar document from the jurisdiction of your main location (state listed on Line 3).

Type of Organization - Check your organization type and if a corporation, list the state under whose law the business is incorporated.

Use of Transporter Plates - Transporter plates have limited uses. Be specific on how you will use the transporter plate(s) in your response on page 2. See "Use of Transporter Plates" on page 3 for additional information. The application will be returned if the statement of use is missing.

Registered Agent - If your business is an LLC or a corporation, provide the registered agent's name, street address and mailing address on lines 10-12.

Ownership/Applicant's Certification Signature - Provide name, residence address, mailing address and signature of owner, partners, LLC members or corporate officers on page 4.

Plate Billing List and Calculation sheet (Renewals only) - Follow the instructions on the calculation sheet for fees and submit the calculation sheet and plate list with your renewal.

Read all parts of the application before completing it. Your application will be returned to you if any part is incomplete or missing. Submit your completed application and fees to:

DMV Business Licensing 1905 Lana Ave NE SALEM OR 97314 Phone: 503-945-5052

Lost/Missing/Stolen Transporter Plate(s): To report a lost or missing plate, send the lost or stolen plate's number to DMV Business Licensing at 1905 Lana Ave NE, Salem OR 97314, or fax 503-945-5289, or email **DMVInsert@odot.oregon.gov**

Purchasing Additional Plate(s): To purchase an additional plate(s), submit your request on form 735-6938 https://www.oregon.gov/odot/Forms/DMV/6938fill.pdf and \$18.00 per plate to DMV Business Licensing by mailing to the address above. A maximum of 10 plates is allowed at any given time.

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APPLICATION FOR 3-YEAR VEHICLE

D	PAYMENT METHOD	CERT NO.
М		
V	CHECK NUMBER	EFF DATE
U		
S	Q/C PERFORMED BY	EXP DATE
Е		
V U S E	CHECK NUMBER Q/C PERFORMED BY	

DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1905 LANA AVE NE, SALEM OREGON 97314	TRANSP(DRT	ER CEI	RII	FICA	\TE	U S E	Q/C PER	RFORMED BY EXP DATE
CUSTOMER NUMBER	EFFECTIVE DATE	EX	(PIRATION DATE		TRANSPOR	TER NU	IMBER		ORIGINAL RENEWAL
If this is a renewal, do not olist to calculate your fees.	complete the fee in	nformati ST be su	ion. Use the att	ached	billing enewal	>	CERTIFICATE FE	E	
application. 3-year Certificate Fee				•	150.00	F	RENEWAL PLAT		
					150.00	I	TOTAL \$	ATES	
Plates @ \$						E	TOTAL \$		
Transporters are limited a maximum of 10 plates				\$		U S			
For instructions to coIf you need information	mplete an applic on on Oregon reç	ation, se gistry nu	ee Page 1. Imbers, call (5	03) 98	6-2200.	E ►	TEMPORARY PL	ATES	
	LEGAL A	AND B	USINESS N	IAME	AND A	ADD	RESS		
LEGAL NAME OF APPLICANT (OWNER, F	PARTNERSHIP, LLC OR CC	RPORATION	N NAME)	FEDERAL	EMPLOYER ID N	IUMBER	OREGON REGISTR	Y NUMBE	R (IF LLC OR CORPORATION)
BUSINESS NAME OF APPLICANT (IF ASS	SUMED BUSINESS NAME, (OR TRADE N	IAME)	OREGON (IF USING	I REGISTRY N ASSUMED BUSI	NUMBER NESS NAM	E OR TRADE NAME) BUS	SINESS TE	ELEPHONE
MAIN BUSINESS LOCATION (STREET AN	ID NUMBER)	CITY			S	STATE	ZIP CODE		COUNTY
MAILING ADDRESS		CITY			S	STATE	ZIP CODE		COUNTY
EMAIL ADDRESS (REQUIRED)		1			L				1
IF MAIN	LOCATION O	UTSID	E OF ORE	GON	(List any	busir	ness locations	in Ore	gon)
BUSINESS ADDRESS (STREET AND NUM	IBER)	CITY			ZIP CODE		COUNTY	TELE	PHONE
BUSINESS ADDRESS (STREET AND NUM	IBER)	CITY			ZIP CODE		COUNTY	TELE	PHONE
Attach copy of permi location (State listed			or similar do	ocum	ents fro	m th	e jurisdictio	n of y	our main
		T	YPE OF OF	RGAN	NIZATIO	NC			
CHECK ORGANIZATION TYPE:	Individu	al 🔲 P	artnership	LLC	Co	rporat	ion If corporation business is in		state under whose law red:
	-	TRANS	SPORTER F	PLAT	ES				
1) Transporter plates	will be issued to	transp	ort vehicles (ORS	822.310)	:			
From Oregon m	anufacturers or 0	Oregon (certified vehicl	e deal	lers, to th	ne veh	icle purchase	r or de	ealer in Oregon; or
Transporter plates manufacture in Ore		ranspo	rt manufactui	ed st	ructures	(ORS	8 822.310) fro	m the	place of
To an Oregon r	nanufactured stru	ucture de	ealer's place c	f busi	ness				
Write a statement or checking of box(es) information.	n how the tra (1) and/or (2)	nsporte above	er plate(s) e. Your app	reque licatio	ested won will	/ill be be d	e used in o eemed inco	conjui omple	nction with the ete without this
I AM USING THE TR	ANSPORTER	PLAT	ES TO:						

Provide copies of ALL owners, partners, LLC members or corporate officers' valid government photo ID's (driver license or state issued identification cards ONLY) to your application. If the residence address on the photo ID is different than the residence address listed, write a statement explaining why the addresses do not match.
The reason the photo ID differs from the regidence address.
The reason the photo ID differs from the residence address:
USE OF TRANSPORTER PLATES

- Transporter plates can only be used to transport vehicles that are for sale. Please explain how you will use the transporter plates.
- A transporter plate must be displayed on the rear of the vehicle being driven or towed.
- Transporter plates cannot be used on a power unit that is towing a vehicle. Towing is an activity subject to a towing business license.
- Transporter plates are <u>not</u> to be used on any commercial vehicles or any vehicles carrying a load.
- Any other movement of a manufactured structure must be by a manufactured structure trip permit.
- Transporter plates can only be used within the State of Oregon.

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_ <u> </u> _	(Be sure to attach a separa	te sheet to show additional ov	wileis.)						
	 List the primary owner 	, partners, LLC members or co	orporate offic	cers below.					
	If a member of a limited liability company (LLC) is a corporation, the president must provide information below.								
	 If a partner of a partne 	rship is a corporation, the pres	sident must _l	provide informa	ation below.				
	 If corporation or LLC, t 	he Oregon registered agent n	ame and ad	dress must be	provided on	lines 10-7	12.		
-	OREGON REGISTERED AGENT NAME		TELEPHONE	ENUMBER					
	OREGON REGISTERED AGENT MAILING	ADDRESS		CITY		STATE	ZIP CODE		
	OREGON REGISTERED AGENT STREET	EGON REGISTERED AGENT STREET ADDRESS				STATE	ZIP CODE		
F	OWNERSHIP INFORMA	ATION				 	I		
	PRINT NAME OF OWNER, PARTNER, LL	TITLE		TELEPHONI	E NUMBER				
	DATE OF BIRTH	RTH DRIVER LICENSE NUMBER			STATE OF ISSUANCE				
	RESIDENCE ADDRESS			CITY		STATE	ZIP CODE		
	EMAIL ADDRESS	ADDRESS MAILING ADDRESS (IF DIFFERENT)		CITY	CITY		ZIP CODE		
-	CERTIFYING SIGNATURE OF OWNER SH $old X$	YING SIGNATURE OF OWNER SHOWN ON LINE 13 ABOVE			DATE	<u> </u>	ı		
	PRINT NAME OF OWNER, PARTNER, LL	FOWNER, PARTNER, LLC MEMBER, OR CORPORATE OFFICER TITLE			RESIDENCE TELEPHONE NUMBER				
	DATE OF BIRTH	IRTH DRIVER LICENSE NUMBER STATE OF ISSUANCE							
	RESIDENCE ADDRESS			CITY	CITY		ZIP CODE		
	EMAIL ADDRESS	MAILING ADDRESS (IF DIFFERENT)	(IF DIFFERENT)			STATE	ZIP CODE		
	CERTIFYING SIGNATURE OF OWNER SH	SIGNATURE OF OWNER SHOWN ON LINE 18 ABOVE			DATE				
	PRINT NAME OF OWNER, PARTNER, LL	TITLE	RESIDENCE TELEPHONE NUMBER						
	DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE OF IS	SUANCE				
	ESIDENCE ADDRESS			CITY		STATE	ZIP CODE		
	EMAIL ADDRESS	MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE		
	CERTIFYING SIGNATURE OF OWNER SH	IÓWN ON LINE 23 ABOVE		-	DATE	,	!		
	I certify I am an own business and all information or crime under ORS 16 true. Such a crime is up to 6 months, a fine	mation on this applic 2.085 to certify the to a Class B misdeme	cation is to ruth of a anor and	true and co statemen	orrect. Ιι t when y	underst ou kno	tànd it is w it is n		
		TITLE			DATE				
	SIGNATURE X	11122			DAIL				

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Complete the section(s) below and sign.