INSTRUCTIONS: This continuation sheet must be attached to your MOTOR CARRIER FLAT MONTHLY TAX REPORT and should be used only when additional space is required for listing additional vehicles. You must use your approved fee basis.													
CCD ACCOUNT NUMBER NAME OF CARRIER									PERIOD OF OPERATION				
LICENSE PLATE OR STATE		C UNIT NUMBER	D OREGON DECLARED	MONTHLY ODOMETER READINGS		G TOTAL MILES OPERATED	H PRIVATE RD & OUT- OF-STATE	OREGON PUBLIC ROAD MILES	NO. OF	K ENTER C- CHIP D - DUMP	L FLAT MONTHLY FEE		
PASS NUMBER	PROV.	HOWBER	WEIGHTS	E BEGINNING	ENDING	(F-E)	MILES	(G-H)		L -LOG	••		

A LICENSE PLATE	B STATE/	C UNIT	D OREGON	MONTHLY ODOMETER READINGS		G TOTAL MILES	H PRIVATE RD & OUT-	OREGON PUBLIC	J NO. OF	K ENTER C- CHIP	L FLAT
OR PASS NUMBER	PROV.	NUMBER	DECLARED WEIGHTS	E BEGINNING	F ENDING	OPERATED (F-E)	OF-STATE MILES	ROAD MILES (G-H)	AXLES >80000	D - DUMP L -LOG	MONTHLY FEE
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