



Form OR-PLF-R 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)	
Mailing address	City	State	ZIP code	County
Business address (bulk facility location)	City	State	ZIP code	Business phone
Location of business records (if different from above)	City	State	ZIP code	Records phone
Contact person	Daytime phone	Email address		Date business started
Type of petroleum products association				
<input type="checkbox"/> Importer <input type="checkbox"/> Bulk facility / seller <input type="checkbox"/> Seller				

Approximate number of petroleum loads **withdrawn** per quarter _____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

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

Or fax to: **(503) 947-2255**