OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

DPSST CREDIT CARD AUTHORIZATION 508c

Confidential Fax **(503) 378-4600**

DPSST accepts credit and debit cards with the **VISA** or **MasterCard** logo. Credit card transactions may be authorized via this form. Please complete sections A, B, & C and submit via fax, mail or hand delivery – **DPSST will not accept a form submitted by email. DPSST does *not* keep credit card number information on file. A new form 508c must be submitted for each authorized payment.**

SECTION A: CREDIT CARD HOLDER INFORMATION

A	1. Name as it appears on card:	
	2a. Billing Address:	2b. City, State, Zip:
	3a. Mailing (Shipping) Address:	3b. City, State, Zip:
	4a. e-Mail Address (for transaction receipt):	4b. Verify e-Mail Address:
	5. Phone Number ( )	6. Fax Number ( )
	7. Printed authorized signer's name	8. Signature of authorized signer

SECTION B: CREDIT CARD PAYMENT AUTHORIZATION

	10a. **Description** (Fee type, copies, AR#, etc.)	10b. **Name & DPSST #** (if applicable/known)	10c. **Amount** *
B			

Please contact DPSST or visit **www.Oregon.gov/DPSST** for the most recent fee schedule. Incorrect fee amounts may delay processing.

TOTAL APPROVED:	0.00

*****_Payments to DPSST may be non-refundable._

FOR DPSST USE ONLY

Received:	*PCA:*	*Object:*

Post Date/Initials:

SECTION C: CREDIT CARD NUMBER

C	Credit Card Number: ☐ VISA ☐ MasterCard	Expiration date: MM/YY	CVC: