

APPLICATION TO FILE QUARTERLY WEIGHT-MILE TAX REPORTS

(PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK)

APPLICANT INFORMATION		
CCD ACCOUNT NUMBER	SUB	NAME OF CARRIER
TELEPHONE NUMBER	FAX NUMBER	DBA (DOING BUSINESS AS)
<p>OAR 740-055-0015 states the Department reserves a minimum of 90 days from the date an application is received in which to consider the application. A motor carrier approved to report and pay weight-mile tax on a quarterly basis may begin such reporting and payment in the first full calendar quarterly reporting period immediately following the month approval is granted by the Department.</p> <p>Upon request, a motor carrier may be approved to report and pay weight-mile tax on a quarterly basis. In addition to an application on a form provided by the Department, the applicant may be required to submit a financial statement covering the previous 12 months.</p> <p>The Department may deny a motor carrier's request to report and pay weight-mile tax on a quarterly basis or revoke a motor carrier's approval to report and pay weight-mile tax on a quarterly basis if the Department determines a motor carrier fails to comply with any vehicle registration or tax requirements.</p> <p>Motor Carriers authorized to pay weight-mile tax on a quarterly basis prior to July 1, 2002, will be allowed to continue such reporting without additional approval if:</p> <ul style="list-style-type: none">A. The annual tax liability for the motor carrier does not exceed \$3,600, and in the last 12 months, the motor carrier has:<ul style="list-style-type: none">a. No more than one suspension related to reporting or payment of taxes or fees to the Department; andb. No more than two weight-mile tax reports filed late.		
CERTIFICATION		
<p>Disclosure: Motor carriers may be required to submit a financial statement covering the previous 12 months. Your signature below authorizes the Department to verify any of the information given and/or obtain credit reports on you or your company.</p> <p>I hereby certify that the statements contained in this application are true and correct; no material fact has been omitted; and there is not a person having any interest, directly or indirectly, in the ownership of this operation except as specified on Form 735-9075.</p>		
NAME (PLEASE PRINT OR TYPE)	TITLE	
SIGNATURE	DATE	

Complete the form and return to the Oregon Department of Transportation, Commerce and Compliance Division, Tax Help Unit, 455 Airport Road SE, Building A, Salem, Oregon 97301 or FAX to (503) 378-3736.

This form may also be emailed. If you choose to submit this application electronically by clicking the Submit button, you agree that typing your name in the signature field and submitting from a password-protected e-mail account is the equivalent of a manual signature for the purposes of this application.