



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# APPLICATION FOR FLEET REGISTRATION

COMPANY NAME			FLEET NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
SUBSIDIARY COMPANY			
CONTACT PERSON	PHONE NUMBER (     )	FAX NUMBER (     )	
E-MAIL ADDRESS (OPTIONAL)			

## ELIGIBILITY:

There must be a least 50 vehicles in the fleet, which are housed and dispatched from a location in Oregon, and are operated on a primarily intrastate basis within Oregon. Every vehicle in the fleet must be titled in the name of the same registered owner or in the name of a subsidiary company of the parent company. Please note that all correspondence, renewal notices, etc. will be sent to a single address.

Fleet registration is limited to passenger vehicles, buses, light trailers, heavy and light fixed load vehicles and trucks that are not subject to weight-mile tax.

## REGISTRATION REQUIREMENTS:

Certification of insurance coverage is required each time the registration is renewed. Vehicles being registered within a Department of Environmental Quality (DEQ) Vehicle Inspection Program boundary must pass a DEQ emissions test before registration may be issued, unless the vehicle is exempt from testing.

To initially register a vehicle as part of a fleet there is a \$2 fee per vehicle, in addition to the registration and plate fees. At renewal, each vehicle is assessed a \$1 service fee, in addition to the registration fee. The fleet operator is responsible for all registration fees on a vehicle until the vehicle is ineligible or withdrawn from the fleet **and** DMV has been notified. When a vehicle is removed from service, or no longer qualifies for fleet registration, the "PF" plates must be surrendered to DMV or destroyed. A Fleet Vehicle Delete Notice, Form 6612, must be submitted to DMV.

## EXPIRATION PERIOD:

A vehicle currently registered may retain the same expiration date when added to a fleet. ORS 805.120 also allows for all of the vehicles in the fleet to have the same month of expiration. Please make a selection by checking one of the following:

- Vehicles registered in the fleet will retain their current expiration month.
- I am requesting that all vehicles in the fleet be assigned the same month of expiration. The expiration month selected is: \_\_\_\_\_. Registration fees required to bring the vehicles to this month of expiration will be pro-rated.

**Attach to this application a list of the vehicles that are to be included in the fleet.** Include the plate number, year, make, vehicle identification number, equipment number, expiration date and vehicle address. Please leave several spaces between each line for DMV use.

## CERTIFICATIONS

By signing this application, I certify that:

- I qualify for fleet registration and remain subject to the requirements found in ORS 805.120 and OAR 735-042-0000 thru 735-042-0040.
- If this application includes registration, and this motor vehicle is subject to the financial responsibility laws, I am in compliance and will remain in compliance until the vehicle is transferred; or 2) If this application includes a registration renewal, this vehicle is covered by the motor vehicle liability insurance policy listed below.

INSURANCE COMPANY (NOT AGENT)	POLICY NUMBER
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