OREGON DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER TRANSPORTATION DIVISION
TRANSPORTATION PERMIT UNIT
550 CAPITOL ST NE
SALEM OR 97301-2530
PHONE: (503) 373-0000 PERMIT FAX: (503) 378-2873

Reset Form

PERMIT ROAD USE MILEAGE REPORTING FORM

MONTH/YEAR _____

AUTHORITY NUMBER	PHONE NUMBER

CARRIER

PERMIT ISSUE DATE	PERMIT NUMBER	MILES TRAVELED**	ROAD USE FEE	STATE ADMIN FEE	COUNTY ADMIN FEE	BALANCE DUE
TOTALS						

Declare loaded mileage only for **HEAVY HAUL** permits with gross weight in excess of 98,000 pounds.
Permits with mileage declared by **END** of the calendar month will be invoiced the following month.

** If reporting mileage for multiple vehicles on one permit please just indicate the total number of miles for one vehicle. The system will automatically multiply by the number of vehicles and bill accordingly