



OREGON DEPARTMENT OF TRANSPORTATION  
 MOTOR CARRIER TRANSPORTATION DIVISION  
 550 CAPITOL STREET NE  
 SALEM, OR 97301-2530  
 (503) 378-6699 FAX (503) 378-6880

# OREGON WEIGHT RECEIPT AND TAX IDENTIFIER APPLICATION

## CONTINUATION SHEET

FILE NUMBER	SUB	BUSINESS NAME	EFFECTIVE DATE
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BASE LICENSE NO	ST/PROV	YEAR	MAKE	COMPLETE VEHICLE IDENTIFICATION NUMBER	FUEL	UNIT NUMBER					
<input type="checkbox"/> OWNED	LESSOR					ODO READING		<input type="checkbox"/> HUB			
<input type="checkbox"/> LEASED								<input type="checkbox"/> KM			
SOLO	AXL	COMB #1	AXL	COMB #2	AXL	COMB #3	AXL	COMB #4	AXL	FEE BASIS	BD
REASON FOR APPLICATION											
<input type="checkbox"/> ADD VEHICLE <input type="checkbox"/> RENEW VEHICLE <input type="checkbox"/> AMEND VEHICLE (LIST VARIABLE BEING AMENDED) _____											

  

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