OREGON DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER TRANSPORTATION DIVISION
550 CAPITOL ST NE
SALEM OR 97301-2530

FLAT MONTHLY REPORT CONTINUATION SHEET

INSTRUCTIONS: This continuation sheet must be attached to your MOTOR CARRIER FLAT MONTHLY TAX REPORT and should be used only when additional space is required for listing additional vehicles . You must use your approved fee basis.

MCTD ACCOUNT NUMBER	NAME OF CARRIER	PERIOD OF OPERATION
		20 _____

A LICENSE PLATE OR PASS NUMBER	B STATE/ PROV.	C UNIT NUMBER	D OREGON DECLARED WEIGHTS	MONTHLY ODOMETER READINGS E BEGINNING	F ENDING	G TOTAL MILES OPERATED (F-E)	H PRIVATE RD & OUT-OF-STATE MILES	I OREGON PUBLIC ROAD MILES (G-H)	J NO. OF AXLES >80000	K ENTER C- CHIP D - DUMP L -LOG	L FLAT MONTHLY FEE	

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