



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

OREGON COMMERCIAL REGISTRATION APPLICATION

(FOR OREGON BASED, INTRASTATE CARRIERS)

DO NOT WRITE IN SPACE ABOVE

| | | | | |
|---------------------|---|---------------|----------------|----------------|
| MCTD ACCOUNT NUMBER | SUB | BUSINESS NAME | EFFECTIVE DATE | |
| TELEPHONE NUMBER | ADDRESS | | CITY | STATE ZIP CODE |
| FAX NUMBER | PLATE MAILING ADDRESS (IF DIFFERENT THAN ABOVE) | | CITY | STATE ZIP CODE |

| | | | | | | | | | | | | | |
|---|---|-----------------------|------|--|---|--|--|--|--|---------|-----|---------|-----|
| PLATE NUMBER (IF ANY) | VT | YEAR | MAKE | COMPLETE VEHICLE IDENTIFICATION NUMBER | FUEL | UNIT NUMBER | | | | | | | |
| <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED | LESSOR | TAX DECLARED WEIGHTS: | | SOLO | AXL | COMB #1 | AXL | COMB #2 | AXL | COMB #3 | AXL | COMB #4 | AXL |
| ODOMETER | <input type="checkbox"/> HUB <input type="checkbox"/> KM | FEE BASIS | BODY | REGISTRATION WEIGHT | <input type="checkbox"/> ANNUAL JAN 1 - DEC 31 | <input type="checkbox"/> 1ST QTR JAN 1 - MAR 31 | <input type="checkbox"/> 2ND QTR APR 1 - JUN 30 | <input type="checkbox"/> 3RD QTR JUL 1 - SEP 30 | <input type="checkbox"/> 4TH QTR OCT 1 - DEC 31 | | | | |
| <input type="checkbox"/> HEAVY VEHICLE USE TAX (ATTACH PROOF OF PAYMENT) | <input type="checkbox"/> DEQ (ATTACH CERTIFICATE) | VEHICLE AMENDMENT: | | <input type="checkbox"/> UNIT NUMBER | <input type="checkbox"/> WEIGHT | ODOT USE ONLY | REGISTRATION FEE | CREDENTIAL FEE | WEIGHT RECEIPT FEE | | | | |

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| <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED | LESSOR | TAX DECLARED WEIGHTS: | | SOLO | AXL | COMB #1 | AXL | COMB #2 | AXL | COMB #3 | AXL | COMB #4 | AXL |
| ODOMETER | <input type="checkbox"/> HUB <input type="checkbox"/> KM | FEE BASIS | BODY | REGISTRATION WEIGHT | <input type="checkbox"/> ANNUAL JAN 1 - DEC 31 | <input type="checkbox"/> 1ST QTR JAN 1 - MAR 31 | <input type="checkbox"/> 2ND QTR APR 1 - JUN 30 | <input type="checkbox"/> 3RD QTR JUL 1 - SEP 30 | <input type="checkbox"/> 4TH QTR OCT 1 - DEC 31 | | | | |
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| OREGON WEIGHT RECEIPT DISCONTINUED OR CANCELLED | | |
|--|--|-----------------------------------|
| BASE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | UNIT NO. |
| BASE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | UNIT NO. |
| <input type="checkbox"/> LEASE TERMINATED | <input type="checkbox"/> LOST/STOLEN/DESTROYED | <input type="checkbox"/> RETURNED |
| IF YOU PARTICIPATE IN A CONTROLLED SUBSTANCE TESTING CONSORTIUM, PROVIDE THE NAME OF THE CONSORTIUM. | | |
| THIS CERTIFICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ORS 803.375 MAKES IT A CRIME TO KNOWINGLY PROVIDE FALSE INFORMATION RELATED TO A VEHICLE REGISTRATION. ORS 803.385 MAKES IT A CRIME TO AFFIRM OR CERTIFY ANY INFORMATION RELATED TO A VEHICLE REGISTRATION THAT THE PERSON KNOWS TO BE FALSE. EACH OFFENSE IS A CLASS A MISDEMEANOR AND EACH IS PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR, A FINE OF UP TO \$5,000, OR BOTH. | | |
| SIGNATURE | TITLE | DATE |

| DO NOT WRITE IN SPACE BELOW | | | | |
|-----------------------------|--------------------------|----------|-----|----|
| PERMIT ACTION | FEES | REG ONLY | MLG | FM |
| VEHICLE ACTION | | 0 | 1 | 2 |
| EFFECTIVE DATE | REGISTRATION | F | | |
| DATE KEYED | RECEIPT FEE | 4 | | |
| KEYED/APPROVED BY | PLATE, CAB CARD, STICKER | C | | |
| | LATE CHARGE | 2 | | |
| | REINSTATE | 5 | | |
| | SUSPENSION | 9 | | |
| TOTAL PAID | | | | |