



# PETROLEUM PRODUCTS REGISTRATION

(ORS 465.104)

FOR OFFICE USE ONLY	
Date Received	
Business Identification Number	

• Print or type all information.

Business Name (including dba)			Federal Employer Identification Number (FEIN)	
Business Address—Street (Bulk Facility Location)	City	State	ZIP Code	County
Mailing Address—Street	City	State	ZIP Code	Business Telephone Number (      )
Location of Business Records (if different from above)	City	State	ZIP Code	Records Telephone Number (      )
Contact Person		Telephone Number		Date Business Started

Type of Petroleum Products Association

- Bulk Facility   
  Importer   
  Bulk Facility / Seller   
  Seller

If you are a Bulk Facility only (not a seller), list your customers in the spaces provided. Use back of form if needed.

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

Type of Organization

- Sole Proprietorship   
  Partnership   
  Corporation   
  LLC   
  Other \_\_\_\_\_

**Names of Owners, Partners, or Corporation Officers. Please print clearly:**

Name	Street Address	City, State, ZIP Code	Social Security Number

Approximate number of petroleum loads **withdrawn** per quarter \_\_\_\_\_

Approximate number of petroleum loads **imported** per quarter \_\_\_\_\_

### FEDERAL PRIVACY ACT INFORMATION

Under the general authority of Oregon Administrative Rule (OAR) 150-305.100, the Social Security numbers of all company officers or owners of dealerships must be included in this registration. This information will be used primarily by the Oregon Department of Revenue for identification and compliance purposes in the administration of programs related to hazardous materials. Oregon law permits disclosure of such information to governmental units outside Oregon.

### DECLARATION

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Signature	Date
<b>X</b>	
PRINT Name Signed Above	Telephone Number (      )
Title	

Mail completed registration to: **OREGON DEPARTMENT OF REVENUE**  
**PO BOX 14110**  
**SALEM OR 97309-0910**