



OREGON DEPARTMENT OF TRANSPORTATION  
 COMMERCE AND COMPLIANCE DIVISION  
 455 AIRPORT ROAD SE BUILDING A  
 SALEM OR 97301  
 PH (503) 378-6699  
 FAX (503) 378-6880

SEE INSTRUCTIONS ON REVERSE  
 PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

# APPLICATION FOR MOTOR CARRIER ACCOUNT

## TYPE OF APPLICATION

NEW CARRIER    NAME CHANGE    ADDRESS/PHONE/EMAIL CHANGE    ACCOUNT AMENDMENT    OWNERSHIP CHANGE   \_\_\_\_\_  
LIST PREVIOUS ACCOUNT NUMBERS

## WEIGHT- MILE TAX REPORTING TYPE

**QUARTERLY**, IF YOU ELECT TO REPORT AND PAY WEIGHT-MILE TAX ON A QUARTERLY BASIS.  
 **MONTHLY**, IF YOU ELECT TO REPORT AND PAY WEIGHT-MILE TAX ON A MONTHLY BASIS.

## MOTOR CARRIER LEGAL NAME AND ADDRESS OF RECORD

CCD ACCOUNT NUMBER	NAME OF CARRIER		
TELEPHONE NUMBER	FAX NUMBER	DOING BUSINESS AS (DBA)	
CARRIER MAILING ADDRESS		CITY	STATE   ZIP CODE
CARRIER STREET ADDRESS (IF DIFFERENT THAN ABOVE)		CITY	STATE   ZIP CODE
RECORDS LOCATION ADDRESS		CITY	STATE   ZIP CODE
EMAIL ADDRESS FOR TRUCKING ONLINE	TRUCKING ONLINE CONTACT PERSON		TRUCKING ONLINE CONTACT PHONE

YOU WILL BE SENT A PIN FOR TRUCKING ON LINE ACCESS AT THE EMAIL ABOVE. I UNDERSTAND MY PIN CAN BE USED TO CONDUCT TRANSACTIONS WITH AND TO OBTAIN CREDENTIALS FROM ODOT OVER THE INTERNET. I WILL TAKE STEPS TO PROTECT MY PIN FROM BEING ACCESSED BY UNAUTHORIZED USERS. I FURTHER UNDERSTAND THAT IF I GIVE MY PIN TO ANYONE ELSE, OR IF I AUTHORIZE A POWER OF ATTORNEY TO OBTAIN MY PIN ON MY BEHALF, I AM PERSONALLY LIABLE FOR ANY TRANSACTIONS MADE OR CREDENTIALS OBTAINED BY ANYONE ELSE WHO MAY HAVE RECEIVED MY PIN FOR THE THIRD PARTY TO WHOM I ORIGINALLY DISCLOSED IT. ONLY ONE EMAIL ADDRESS PER ACCOUNT. ONLY ONE PIN IS ALLOWED PER ACCOUNT.

CONSORTIUM NAME \_\_\_\_\_ ACCOUNTS WITH OREGON-BASED VEHICLES: PROVIDE NAME OF DRUG AND ALCOHOL TESTING CONSORTIUM IN WHICH YOUR COMPANY IS ENROLLED OR WRITE "IN-HOUSE" IF YOU MAINTAIN YOUR OWN PROGRAM. TESTING PROGRAMS MUST BE IN COMPLIANCE WITH USDOT REQUIREMENTS (49 CFR PART 382).

## TYPE OF OWNERSHIP AND FEDERAL TAXPAYER ID# (FEIN)

INDIVIDUAL    PARTNERSHIP    CORPORATION:   DATE OF INCORPORATION: \_\_\_\_\_   STATE OF INCORPORATION: \_\_\_\_\_  
 IF FOREIGN BASED, ATTACH CORPORATE CERTIFICATE SHOWING DATE OF INCORPORATION AND CORPORATE STATUS.  
 LIMITED LIABILITY COMPANY - ATTACH A COPY OF THE ARTICLES OF ORGANIZATION    OTHER - PROVIDE TYPE OF OWNERSHIP: \_\_\_\_\_

FEDERAL TAXPAYER ID#	BANKING INSTITUTION	STATE
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## TYPE OF OPERATION OR AUTHORITY - CHECK ALL THAT APPLY

<input type="checkbox"/> PRIVATE CARRIER (NOT FOR HIRE) OREGON BASED	<b>INTERSTATE CARRIER (FOR HIRE)</b>
<input type="checkbox"/> PRIVATE CARRIER (NOT FOR HIRE) BASED OUTSIDE OREGON	<input type="checkbox"/> USDOT NUMBER _____
<input type="checkbox"/> CLASS B FOR-HIRE LOCAL CARTAGE OF HOUSEHOLD GOODS WITHIN DESIGNATED AREAS, PURSUANT TO ORS 825.240. A \$50 APPLICATION FEE IS REQUIRED.	<input type="checkbox"/> MC AUTHORITY NUMBER _____
<input type="checkbox"/> 7W (SEE DESCRIPTION ON REVERSE) _____ <small>DESCRIPTION</small>	<input type="checkbox"/> MC EXEMPT OPERATIONS _____
<input type="checkbox"/> CLASS 1A PERMIT FOR-HIRE INTRASTATE COMMODITIES (EXCEPT HOUSEHOLD GOODS) (COMPLETE ODOT FORM 735-9745)	OREGON PROCESS AGENT _____ ADDRESS _____

PROVIDE FULL LEGAL NAME, TITLE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF INDIVIDUAL, ALL PARTNERS, CORPORATE OFFICERS, MANAGERS/MEMBERS OF LLC, GENERAL PARTNER OF A LIMITED PARTNERSHIP, PARTNERS IN A LIMITED LIABILITY PARTNERSHIP. IF MORE THAN 3 PARTNERS, ATTACH SIGNATURE ADDENDUM FORM, 735-9075a.

LAST	FIRST	MIDDLE	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH

**DISCLOSURE:** THE DEPARTMENT IS AUTHORIZED TO VERIFY ANY OF THE INFORMATION GIVEN AND OBTAIN CREDIT REPORTS ON YOU AND/OR YOUR COMPANY. YOU AUTHORIZE THE DEPARTMENT TO OBTAIN INFORMATION FROM OTHERS TO INVESTIGATE YOU AND/OR YOUR COMPANY'S CREDIT.

**CERTIFICATION:** 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 \$6,250, OR BOTH.

I FURTHER CERTIFY KNOWLEDGE OF APPLICABLE FEDERAL AND STATE SAFETY RULES, REGULATIONS, STANDARDS AND ORDERS AND DECLARE ALL OPERATIONS WILL BE CONDUCTED IN COMPLIANCE WITH SUCH REQUIREMENTS.

**SIGNATURE REQUIREMENTS:** MUST BE SIGNED BY OWNER; ALL PARTNERS; CORPORATION OFFICER; MANAGER/MEMBER OF LIMITED LIABILITY COMPANY (LLC), PARTNER IN A LIMITED LIABILITY PARTNERSHIP OR AGENT. FAXED AND ELECTRONIC SIGNATURES ACCEPTABLE.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE

## DO NOT WRITE BELOW THIS LINE. ODOT USE ONLY

ENTERED BY/OFFICE	DATE

# INSTRUCTIONS

## This form is to be completed and filed when:

1. Applying for an established account to operate as a motor carrier in Oregon
2. Changing the informational record on file with ODOT.

## TYPE OF APPLICATION

Indicate whether new account or change in existing account.

- A new carrier is a carrier that has had no previous established account in Oregon.
- A name change is when there is an existing account and only the name has changed. The FEIN remains the same.
- An ownership change is a change in entities and/or ownership structure of a company for which there is an existing account. The FEIN has changed.

## WEIGHT-MILE TAX REPORTING TYPE

Pursuant to OAR 740-055-015, a motor carrier approved to report and pay weight-mile tax on a quarterly basis may begin such reporting and payment in the first full calendar quarterly reporting period immediately following the month approval is granted by the Department.

1. Select QUARTERLY, to elect to file reports and pay weight-mile tax on a quarterly basis. ODOT requires you to file reports and pay as long as you have Oregon DOT plates and/or vehicle(s) enrolled in the Oregon Weight-Mile Tax Program. If no tax is due, you must still file a report
2. Select MONTHLY, to elect to file reports and pay weight-mile tax on a monthly basis. ODOT requires you to file reports and pay as long as you have Oregon DOT plates and/or vehicle(s) enrolled in the Oregon Weight-Mile Tax Program. If no tax is due, you must still file a report.

## NEW AUTHORITY/TYPE OF OPERATION

1. Your name must match exactly the name filed with your state if a corporation or assumed business name.
2. Enter your complete mailing address and telephone number. Your street address must also be entered if it is different than your mailing address, or if you receive your mail through a post office box. This will ensure UPS delivery. If your address of record with ODOT is an agent's address, the power of attorney must specifically authorize the use of the agent's address.
3. Indicate your type of ownership. Oregon corporations, Oregon limited liability companies, limited liability partnerships, and businesses with Oregon mailing addresses using assumed business names must be registered with the Oregon Secretary of State, Corporation Division.
4. A Class B Permit authorizes a carrier to transport household goods for hire within designated local cartage areas that are exempt from economic regulation (see list of cities in OAR 740-060-0100). Pursuant to ORS 825.240, the following conditions must apply: (a) the gross revenue derived from local cartage of household goods in the designated area by carriers cannot exceed \$100,000 a year; (b) the population of the affected city or cartage area is less than 10,000; (c) the incorporated city or cartage area is not an essential part of a metropolitan, industrial or homogeneous economic area; (d) the incorporated city or cartage area is not contiguous to another city or within the area encompassed by the commercial zone of another city; (e) service to the public would be adversely affected; (D the carrier's ability to render service would not be adversely affected; and (g) it is not otherwise adverse to the public interest to exclude such area from regulation.
5. Description of "7W" operations - Permit Authority under ORS 825.020 for operations over 26,000:

U.S. mail on a trip basis  
Buses within cities and within three air miles of the city  
Vehicles used in preventing or fighting forest fires  
Tow trucks  
Common or contract carriers transporting employees, relatives, indigents, etc.  
Florist delivery vehicles  
Private carriers transporting fish  
Vehicles owned by truck leasing companies used for purposes of relocation

6. If you wish to haul commodities (except household goods) intrastate, please complete an Application for Class 1A Permit (ODOT Form 735-9745) and include a \$300 application fee.

7. List the full name, title, date of birth, and social security number of the individual owner, each partner, each corporate officer, partners in a limited liability partnership (LLP), or each manager/member of the limited liability company (LLC). If a corporation, attach a list of shareholders, officers or directors not already listed. Attach addendum if needed.
8. The application must be signed by the individual owner, all partners, a corporate officer, a partner in a LLP, a manager/member of the LLC, or Agent. Note to agent: Include your title when signing and attach a power of attorney form.
9. Per OAR 740-040-0070 you will be required to post a Surety Bond regardless of whether you operate on an ODOT plate, temporary pass, or enrolled in the Oregon Weight-Mile Tax Program.
10. When operating intrastate only, you will be required to file proof of liability insurance with ODOT. When operating interstate, review federal regulations regarding the Minimum Levels of Financial Responsibility for Motor Carriers.

For bond, insurance and record keeping requirements, refer to the information available on our website.

<https://www.oregon.gov/ODOT/MCT/Pages/index.aspx>

## CHANGE OF INFORMATIONAL RECORD

1. So that you may be accurately identified, enter your account number, name, and current mailing address.
2. Complete the section or sections of the application form for which a record change is requested. In the Type of Application area, identify the change (i.e., name, ownership, address, permit, or telephone).
3. A corporate name change may require an updated corporate certificate reflecting the change.
4. An Oregon assumed business name change requires an update with the Oregon Secretary of State, Corporation Division.
5. If your operation has a change in ownership, a new application for motor carrier account must be completed and submitted to ODOT. Upon approval of the application, a new account number will be assigned.

## NOTE:

The completion of this form does not constitute authority to operate in the state of Oregon. In addition, a Temporary Pass, OR DOT plate must be obtained, or enrolled in the Oregon Weight-Mile Tax Program.

After your account application has been approved and you have registered a motor vehicle with the Department (see Vehicle Registration/Amendment, ODOT Form 735-9076), weight-mile tax report forms will be mailed to you.

ADDITIONAL INFORMATION MAY BE OBTAINED BY CALLING (503) 378-6699.

FILE THIS ORIGINAL APPLICATION WITH THE SALEM OR PORTLAND BRIDGE REGISTRATION OFFICE OR MAIL:

OREGON DEPARTMENT OF TRANSPORTATION  
COMMERCE AND COMPLIANCE DIVISION  
455 AIRPORT ROAD SE BUILDING A  
SALEM OR 97301  
or  
FAX TO (503) 378-6880

For downloadable forms, go to:

<https://www.oregon.gov/ODOT/MCT/Pages/FormsandTables.aspx>

To find out more about Oregon Trucking Online and the transactions you can process there, go to:

<https://www.oregontruckingonline.com/cf/MCAD/pubmetaentry/index.cfm>.

Watch for an email from the ODOT computer Security Unit notifying you of your PIN assignment for Trucking Online access. The PIN notification will be sent to the email address listed on your application. An activation notice will also be sent by U.S. mail to the official address of record for your account.

You can now pay Trucking Online transactions using "Direct Payment". Direct Payment is a secure electronic payment delivery system for Business and Individual bank accounts. The Direct Payment feature gives carriers another payment alternative to transacting business with a credit card or charging transactions to an CCD account.



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# OREGON COMMERCIAL REGISTRATION APPLICATION

(FOR OREGON BASED, INTRASTATE CARRIERS)

**DO NOT WRITE IN SPACE ABOVE**

CCD ACCOUNT NUMBER	SUB	BUSINESS NAME	EFFECTIVE DATE
TELEPHONE NUMBER	ADDRESS		CITY STATE ZIP CODE
FAX NUMBER OR EMAIL	PLATE MAILING ADDRESS (IF DIFFERENT FROM 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	<b>ODOT ONLY USE</b>	REGISTRATION FEE	CREDENTIAL FEE						
ARE YOU THE MOTOR CARRIER RESPONSIBLE FOR SAFETY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, ENTER THE USDOT OF THE CARRIER RESPONSIBLE FOR SAFETY OF THE ABOVE VIN.			ENTER THE TIN/ FEIN ASSIGNED TO THIS USDOT.		WILL THIS CHANGE DURING THE REGISTRATION YEAR?		<input type="checkbox"/> YES <input type="checkbox"/> NO					

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	<b>ODOT ONLY USE</b>	REGISTRATION FEE	CREDENTIAL FEE						
ARE YOU THE MOTOR CARRIER RESPONSIBLE FOR SAFETY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, ENTER THE USDOT OF THE CARRIER RESPONSIBLE FOR SAFETY OF THE ABOVE VIN.			ENTER THE TIN/ FEIN ASSIGNED TO THIS USDOT.		WILL THIS CHANGE DURING THE REGISTRATION YEAR?		<input type="checkbox"/> YES <input type="checkbox"/> NO					

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	<b>ODOT ONLY USE</b>	REGISTRATION FEE	CREDENTIAL FEE						
ARE YOU THE MOTOR CARRIER RESPONSIBLE FOR SAFETY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, ENTER THE USDOT OF THE CARRIER RESPONSIBLE FOR SAFETY OF THE ABOVE VIN.			ENTER THE TIN/ FEIN ASSIGNED TO THIS USDOT.		WILL THIS CHANGE DURING THE REGISTRATION YEAR?		<input type="checkbox"/> YES <input type="checkbox"/> NO					

OREGON REGISTRATION DISCONTINUED OR CANCELLED		
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.		
Under Oregon law, it is a crime to knowingly provide false information or certify any information that a person knows to be false related to a vehicle registration (ORS 803.375 and 803.385). Each offense is a Class A misdemeanor and punishable by a jail sentence of up to one year, a fine of up to \$6,250, or both. This certification is true and correct to the best of my knowledge. I am knowledgeable of the applicable federal motor carrier safety regulations, hazardous materials regulations, compatible state regulations, standards and orders. I declare all operations will be conducted in compliance with such requirements.		
SIGNATURE	PRINT NAME	
TITLE	DATE	

DO NOT WRITE IN SPACE BELOW			
<b>FEES</b>	REG ONLY	MLG	FM
	0	1	2
REGISTRATION	F		
PLATE, CAB CARD, STICKER	C		
<b>TOTAL PAID</b>			
VEHICLE ACTION	EFFECTIVE DATE		
DATE KEYPED	KEYED/APPROVED BY		





## PROOF OF RESIDENCY - SCHEDULE "R"

CCD ACCOUNT NUMBER	NAME OF APPLICANT	DATE
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LOCATION ADDRESS FOR RESIDENCY VERIFICATION		
STREET ADDRESS	STATE	ZIP

This form is required when the Applicant does not have an "Established Place of Business" in Oregon or any other International Registration Plan (IRP) jurisdiction, and/or is applying as an Oregon resident in order to register commercial vehicles in Oregon.

"Established Place of Business" means a physical structure located within the Base Jurisdiction that is owned or leased by the Applicant. This physical structure shall be open for business and shall be staffed during regular business hours by one or more persons employed by the Applicant or Registrant on a permanent basis (i.e., not an agent) for the purpose of the general management of the Applicant's or Registrant's trucking-related business.

- If the Applicant is an Individual, complete SECTION 1, select and provide two (2) items from Section 3.
- If the Applicant is a Corporation, LLC, LLP, etc., complete SECTION 2, select and provide one (1) item from SECTION 3.

**SECTION 1- INDIVIDUAL APPLICANT**

REQUIRED OREGON DRIVER'S LICENSE NUMBER \_\_\_\_\_  
**REQUIRED: TWO (2) ADDITIONAL ITEMS IN APPLICANT'S NAME FROM SECTION 3, BELOW.**

**SECTION 2- APPLICANT IS A CORP, LLC, LLP, ETC.**

PRINCIPAL OWNER IS OREGON RESIDENT - PRINCIPAL OWNER'S NAME \_\_\_\_\_

REQUIRED OREGON DRIVER'S LICENSE NUMBER \_\_\_\_\_

CORPORATION REGISTERED IN OREGON - FILING DATE \_\_\_\_\_  
**REQUIRED: ONE (1) ADDITIONAL ITEM FROM SECTION 3, BELOW.**

**SECTION 3 - ADDITIONAL PROOF OF RESIDENCY**  
**CHECK THE ITEMS PROVIDED AND PROVIDE COPIES WHEN APPLYING.**

- VEHICLE TITLED IN OREGON - VEHICLE PLATE NUMBER \_\_\_\_\_
- PAYMENT OF OREGON PERSONAL OR REAL PROPERTY TAX \_\_\_\_\_
- FEDERAL INCOME TAX RETURNS FILED FROM AN OREGON ADDRESS \_\_\_\_\_
- RECEIVES UTILITY BILLS IN OREGON \_\_\_\_\_
- OTHER EVIDENCE OF RESIDENCE IN OREGON \_\_\_\_\_

**CERTIFICATION:** I am knowledgeable of the applicable federal motor carrier safety regulations and hazardous materials regulations or compatible state regulations. 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 punishable by a jail sentence of up to one year, a fine up to \$6,250, or both. This certification is true and correct to the best of my knowledge

PRINT NAME	TITLE
SIGNATURE (FAXED SIGNATURES ARE ACCEPTABLE)	DATE
<b>ODOT USE ONLY</b>	
APPROVED BY _____	