



OREGON DEPARTMENT OF TRANSPORTATION  
 COMMERCE AND COMPLIANCE DIVISION  
 455 AIRPORT ROAD SE BUILDING A  
 SALEM OR 97301  
 PH (503) 378-5983  
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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"/> VEHICLE TYPE	<input type="checkbox"/> UNIT NUMBER	<input type="checkbox"/> WEIGHT	ODOT ONLY USE	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				
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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												
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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		

