



Application for Transporters License

Oklahoma Tax Commission
Oklahoma City, OK 73194

REGISTRANT INFORMATION			
FEIN/SSN _____	Operator Number _____		
Registrant Name (individual, partnership or corporation) _____			
Mailing Address (Street and number, post office box or rural route box) _____			
Business Address (Street and Number, post office box or rural route box) _____			
City _____	State _____	Zip _____	Telephone Number _____

License Fee: **\$150.00**
(includes one cab card)

Additional Cab Cards:
_____ @ **\$5.00** each = \$ _____

Total: \$ _____

Please submit full payment with application

TRANSPORT INFORMATION	LICENSE INFORMATION
<p>"Petroleum transporter" means any person of firm owning, leasing or otherwise controlling the operation of any vehicle or conveyance, other than railroad cars or pipelines, used in the transportation of measurable amounts (1% or more by volume) of any product subject to the gross production tax.</p> <p>Gross production surety required. Contact 405.521.3674, or download Form BT-167 or Form BT-158 at tax.ok.gov.</p>	<p><input type="checkbox"/> New License Start Date: _____</p> <p><input type="checkbox"/> Renewal License Number: _____</p> <p><input type="checkbox"/> Cancel License Cancel Date: _____</p> <p><input type="checkbox"/> Add Cab Cards (\$5.00 per card)</p> <p><input type="checkbox"/> Cancel Cab Cards</p>

TRUCK INFORMATION: LIST ALL TRUCKS, OWNED OR LEASED					
Make	Unit Number	Model Year	Vehicle Identification Number	Tank/Trailer Capacity	Check BBL or GAL
					BBL <input type="checkbox"/> GAL <input type="checkbox"/>
					BBL <input type="checkbox"/> GAL <input type="checkbox"/>
					BBL <input type="checkbox"/> GAL <input type="checkbox"/>
					BBL <input type="checkbox"/> GAL <input type="checkbox"/>
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					BBL <input type="checkbox"/> GAL <input type="checkbox"/>
					BBL <input type="checkbox"/> GAL <input type="checkbox"/>

Please attach schedule if more space is needed.

I declare, under penalty of perjury, that to the best of my knowledge the above information is true and correct. I also understand that I must submit changes when any of the above information changes.

Signature: _____ Title: _____ Date: _____

OFFICE USE ONLY			
License Number: _____	Amount of Surety: _____	Type of Surety: _____	
DLN Number: _____	Expiration Date: _____	Amount of Fee: _____	Approved By: _____