

GPR

Form 309-B
Revised 6-2021



Application for Reclaimers 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

**Please submit full
payment with application**

RECLAIMER INFORMATION: GROSS PRODUCTION SURETY REQUIRED. Contact 405.521.3674, or download Form BT-158 or Form BT-167 at tax.ok.gov.

New License Business Starting Date: _____

Renewal Production Unit Number: _____ LIC: _____

Cancellation Production Unit Number: _____ LIC: _____

Date of Cancellation: _____ If Sold, Name of New Owner: _____

Reason: _____

TYPE OF FACILITY

Salt Water Disposal Well

Reclaiming Plant

FACILITY INFORMATION

Legal Description of Facility _____
Well Spot Location Section Township Range

Plant/Well Name: _____

County: _____

Number and Size of Storage Tanks: _____

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: _____