

GPR

Form 309-A
Revised 9-2013



APPLICATION FOR TRANSPORTERS LICENSE

OKLAHOMA TAX COMMISSION
POST OFFICE BOX 26920
OKLAHOMA CITY, OK 73126-0920

REGISTRANT INFORMATION			
_____	_____		
FEIN/SSN	Operator Number		

Registrant Name (Individual, Partnership, 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 from our website @ www.tax.ok.gov.</p>	<input type="checkbox"/> New License Start Date _____ <input type="checkbox"/> Renewal License Number _____ <input type="checkbox"/> Cancel License Cancel Date _____ <input type="checkbox"/> Add Cab Cards (\$5.00 per Card) <input type="checkbox"/> Cancel Cab Cards

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"/>

Please attach schedule if more space is needed on either list above.

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 _____