

GPR

Form 309-B
Revised 4-2009

APPLICATION FOR RECLAIMERS 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

<p>LICENSE FEE: \$150.00</p> <p>PLEASE SUBMIT FULL PAYMENT WITH APPLICATION</p>
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RECLAIMER INFORMATION: GROSS PRODUCTION SURETY REQUIRED (FORM BT-158). Contact (405) 521-3674, or download Form BT-158 from our website @ www.tax.ok.gov.

New License <input type="checkbox"/>	Business Starting Date _____
Renewal <input type="checkbox"/>	Production Unit Number _____ LIC _____
Cancellation <input type="checkbox"/>	Production Unit Number _____ LIC _____
Date of Cancellation _____ If Sold, Name of New Owner _____	
Reason _____	

TYPE OF FACILITY	
Salt Water Disposal Well <input type="checkbox"/>	OCC Order Number _____
Reclaiming Plant <input type="checkbox"/>	

FACILITY INFORMATION			
Legal Description of Facility _____	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 _____