## Motor Oil Fee Return Form

### Company Name

### Contact Person

### Mailing Address

- City
- State
- Zip

### Motor Oil Dealer Applicant

- Motor Oil Dealer Permit Number:

### For Quarter Ending:

### First Time Applicant

- Motor Oil Dealer Permit Number:

### Total Assessable Gallons

- **Gallons of motor oil imported into California**
- **Motor Oil Dealers must be approved first by the Department to report on an annual basis.**

### Total Amount Submitted:

### For Office Use Only:

- Postmark Date: ___________
- Quarter: ___________
- Fiscal Year: ___________

<table>
<thead>
<tr>
<th>Month</th>
<th>Gallons Sold, Imported*, Purchased or Manufactured</th>
<th>Gallons with Fee Paid to Supplier</th>
<th>Fee Assessable Gallons (column A – column B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Gallons of motor oil imported into California

**Motor Oil Dealers must be approved first by the Department to report on an annual basis.

### Total Assessable Gallons

(Sum of Totals in Column C) \( \times .04 \) (4 cents) =

10% LATE PENALTY: Payment of the motor oil fee is due the last day of the month following each reporting period. (Required by Section 4306 Title 4, Division 9 of the California Code of Regulations)

Total Amount Submitted:

### SEND THIS FORM AND REMITTANCE TO:

- Department of Food and Agriculture
- Attn: Cashier, P.O. Box 942872, Sacramento, CA 94271-2872
- Make Remittance Payable to: CDFA 55001

By signing this document, I verify compliance with all Motor Oil Dealer Requirements set forth in the Business and Professions Code Division 5, Article 4, Chapter 14 and the California Code of Regulations Title 4, Division 9, Chapter 8.

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### Printing Name and Title

### Signature

### Date

### Telephone Number

### Email Address