



Motor Oil Fee Remittance Form

(Review Motor Oil Fee Remittance Form Instructions before Completing this Form)

Motor Oil Dealer Permit Number _____ First Time Applicant Update Information

A. Company Information

Company Name _____ Contact Person _____
 Mailing Address _____ Telephone Number _____
 _____ Email Address _____

Type: Producer/Blender Packager Distributor/Wholesaler Retailer

B. Quarterly Reporting

Fiscal Quarter _____

	Column A	Column B	Column C
	Total Gallons Subject to Fee	Gallons With Fee Paid to Supplier	Fee Assessable Gallons
First Month			
Second Month			
Third Month			

C. Annual Reporting*

*Motor Oil Dealers must be authorized by DMS before reporting on an annual basis - see instructions.

Fiscal Year _____

	Column A	Column B	Column C
Annual			

Total Fee Assessable Gallons _____

D. Motor Oil Fee

× \$0.05 per gallon _____

E. 10% Late Penalty Fee (if required)

(check box to apply late fee calculation – see instructions)

10% Late Fee _____

F. Make Remittance Payable to:

CDFFA 55001

Total Amount Remitted _____

G. Send this Form and Remittance to:

Department of Food and Agriculture
 Attn: Cashier, P.O. Box 942872
 Sacramento, CA 94271-2872

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

 Printed Name

 Title

 Signature

 Date

For Office Use Only

Postmark Date _____

Fiscal Quarter _____

Fiscal Year _____