



## 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** \_\_\_\_\_  
 × \$0.05 per gallon \_\_\_\_\_

**D. Motor Oil Fee**

**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 \_\_\_\_\_