OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
455 AIRPORT ROAD SE BUILDING A
SALEM OR 97301
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RESET PRINT

Proof of Residency – Schedule R

CCD ACCOUNT NUMBER	NAME OF APPLICANT	DATE

Location Address for Residency Verification

STREET ADDRESS	STATE	ZIP

This form is required when the Applicant does not have an "Established Place of Business" in Oregon or any other International Registration Plan (IRP) jurisdiction, and/or is applying as an Oregon resident to register commercial vehicles in Oregon.

"Established Place of Business" means a physical structure located within the base jurisdiction that is owned or leased, such lease agreements shall be for no less than 12 months by the Applicant or Registrant and whose street address shall be specified by the Applicant or Registrant. The physical structure shall have clear company signage with hours of operation posted, be open for business and shall be staffed a minimum of 20 hours per week by one or more persons employed by the Applicant or Registrant on a permanent basis (i.e., not an independent contractor) for the purpose of the general management of the Applicant's or Registrant's trucking-related business (i.e., not limited to credentialing, distance and fuel reporting, and answering telephone inquiries). Trucking-related business encompasses a wide range of activities related to the transportation of goods by trucks. Virtual and/or shared office spaces shall not qualify.

If the Applicant is an Individual, complete Section 1, select and provide two (2) items from Section 3.

If the Applicant is a Corporation, LLC, LLP, etc., complete Section 2, select and provide one (1) item from Section 3.

Section 1 – Individual Applicant

Required Oregon Driver's License Number _____

Required: Two (2) Additional Items in Applicant's Name from Section 3, Below.

Section 2 – Applicant is a Corporation, LLC, LLP, etc.

Principal Owner Is Oregon Resident – Principal Owner's Name _____

Required Oregon Driver's License Number _____

Corporation Registered in Oregon – Filing Date _____

Required: One (1) Additional Item from Section 3, Below.

Section 3 – Additional Proof of Residency

Check the items provided and provide copies when applying.

☐ Vehicle Titled in Oregon – Vehicle Plate Number _____

☐ Payment Of Oregon Personal or Real Property Tax _____

☐ Federal Income Tax Returns Filed from An Oregon Address _____

☐ Receives Utility Bills in Oregon _____

☐ Other Evidence of Residence in Oregon _____

Certification: I am knowledgeable of the applicable federal motor carrier safety regulations and hazardous materials regulations or compatible state regulations. I understand that ORS 803.375 makes it a crime to knowingly provide false information related to vehicle registration. ORS 803.385 makes it a crime to affirm or certify any information related to a vehicle registration that the person knows to be false. Each offense is a class a misdemeanor punishable by a jail sentence of up to one year, a fine up to $6,250, or both. This certification is true and correct to the best of my knowledge.

PRINT NAME	TITLE	
SIGNATURE (FAXED SIGNATURES ARE ACCEPTABLE)	DATE	**ODOT USE ONLY** APPROVED BY