

GPR

Form 309-B
Revised 1-2016



APPLICATION FOR RECLAIMERS LICENSE

OKLAHOMA TAX COMMISSION
POST OFFICE BOX 26740
OKLAHOMA CITY, OK 73126-0740

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 _____

LICENSE FEE:
\$150.00

**PLEASE SUBMIT FULL
PAYMENT WITH APPLICATION**

RECLAIMER INFORMATION: GROSS PRODUCTION SURETY REQUIRED. Contact (405) 521-3674, or download Form BT-158 or Form BT-167 from our website @ www.tax.ok.gov.

New License Business Starting Date _____

Renewal Production Unit Number _____ LIC _____

Cancellation Production Unit Number _____ LIC _____

Date of Cancellation _____ If Sold, Name of New Owner _____

Reason _____

TYPE OF FACILITY

Salt Water Disposal Well

Reclaiming Plant

FACILITY INFORMATION

Legal Description of Facility _____
Well Spot Location 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 _____