

	<b>Registration Application for Oil Spill Contingency Fee</b>
	Taxpayer Services Division P.O. Box 201 Baton Rouge, LA 70821-0201 (225) 219-7656 (225) 219-2114 (TDD)

Revenue Account Number \_\_\_\_\_

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Location address \_\_\_\_\_

Area code and telephone number \_\_\_\_\_

Contact person \_\_\_\_\_

Briefly describe below your operations as they relate to the handling of crude oil:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Average number of barrels **unloaded** monthly: \_\_\_\_\_ domestic

\_\_\_\_\_ foreign

Average number of barrels **loaded** monthly: \_\_\_\_\_ delivered within Louisiana

\_\_\_\_\_ exported

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date