

BEFORE THE CORPORATION COMMISSION OF THE STATE OF OKLAHOMA

APPLICANT: \_\_\_\_\_

RESPONDENT: C. LYNNE JONES, INTERIM DIRECTOR )  
TRANSPORTATION DIVISION ) CAUSE NO.  
OKLAHOMA CORPORATION COMMISSION ) TD-20

RELIEF SOUGHT:

\_\_\_\_\_ WAIVER OF INTEREST and/or PENALTY

\_\_\_\_\_ REFUND OF TAXES OR FEES PAID:

\_\_\_\_\_ Based upon mistake of law

\_\_\_\_\_ Based upon mistake of fact

\_\_\_\_\_ REVIEW OF DECISION BY TRANSPORTATION DIVISION:

\_\_\_\_\_ Denial of Base State Registration

\_\_\_\_\_ Determination of Tax Deficiency

\_\_\_\_\_ Nature and/or Amount of Tax or Fee

**APPLICATION FOR HEARING BEFORE ADMINISTRATIVE LAW JUDGE**  
**BY IFTA TAXPAYER OR IRP REGISTRANT**  
**PROTESTING FINAL DECISION OF TRANSPORTATION DIVISION**

Applicant's statement of each item in dispute: \_\_\_\_\_

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Statement of Relief Requested: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Agent:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone:

\_\_\_\_\_  
 E-Mail:

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Name of Applicant:  
 (Printed)

\_\_\_\_\_  
 Physical Address

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 OBA#

\_\_\_\_\_  
 Phone:

\_\_\_\_\_  
 E-Mail:

\_\_\_\_\_  
 SSN/EIN:

