

BEFORE THE CORPORATION COMMISSION OF THE STATE OF OKLAHOMA

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

RESPONDENT: PATRICIAL.FRANZ, DIRECTOR )  
TRANSPORTATION DIVISION ) CAUSE NO. 1D 20  
OKLAHOMA CORPORATION COMMISSION)

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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

Agent:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

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

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

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

Name of Applicant:

\_\_\_\_\_  
 (Printed)

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

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

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

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

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

VERIFICATION

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_

I hereby certify that I am the Applicant in the foregoing Application and that the information contained therein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

My Commission No. \_\_\_\_\_  
Expires: \_\_\_\_\_ Notary Public

Return Application To:

**Oklahoma Corporation Commission**  
Office of General Counsel  
P.O. Box 52000  
Oklahoma City, OK 73152-2000