



**Application For Annual Certification**  
**Oregon Investment Advantage**  
 (Business Development Income Tax Exemption)  
 ORS 285C.500–285C.506, 316.778 & 317.391

**DUE** on or before the 30th day after the end of your income tax year, though not less than 24 months after the initial start of facility operations, up to the tenth tax year of operations.  
 (After email submission of this form, the signed original and application fee should be mailed to the address below.)

**Applicant Business and Operations**

|  |  |
|--|--|
| Contact Person   | Title  |
| Business Name  | Phone Number   |
| Mailing Address  | Email  |
| Form of Organization (sole proprietor, partnership, etc) | US State of Incorporation<br>\$100 application fee enclosed<br>(check payable to Oregon Business Development Department) |
| Facility located in                                      | Date of Preliminary Certification Application  |

Facility Address (street address, lot number of site)

Number of employees hired since Preliminary Certification and working in full-time, year-round positions at facility:

Annual compensation\* (including non-mandatory benefits) of at least five hires and general health insurance coverage information attached  
 \*Optional, if Preliminary Certification was issued before January 1, 2011. Otherwise, minimum of five employees must receive compensation of at least 150% of county per capita income from time of preliminary application certification, or at least 100%, with general health care coverage for all facility employees that is as good/better than local municipal employees.

**Timing and Income Tax Years**

|  |             |                                      |
|--|-------------|--------------------------------------|
| Application is for Tax Year beginning on                   | ending on   | Dept. Preliminary Certification Date |
| Is this Facility's first annual certification application? | Yes      No | If No, List all prior years:         |

**If Yes, complete remainder of this section.**

|   |  |                                   |
|---|--|-----------------------------------|
| Date facility or undeveloped land purchased or leased | Date construction, modifications, installation of property and/or improvements completed |                                   |
| Date initial hiring at facility completed             | Date operations commenced  | Total cost of facility investment |

**Declaration by Applicant**

I hereby declare to have examined this document and attachments. To the best of my knowledge, they are true, correct and complete in every material respect. If any such information changes, I will notify the department and submit proper written amendments. I understand that the facility will receive the exemption only if my business satisfies the requirements of ORS 285C.500 to 285C.506.

|                                   |  |
|-----------------------------------|--|
| Signature (use black or blue ink) | Date                                       |
| Printed Name                      | Title of authorized company representative |

**Mail signed original and application fee to: OIA Certification, Business Oregon, 775 Summer St NE, Suite 200, Salem, OR 97301-1280**