



**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 10 times successively.  
 (After email submission of this form, the signed original and application fee should be mailed to OIA Certification, Business Oregon, 775 Summer St NE, Suite 200, Salem, OR 97301-1280.)

**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 \_\_\_\_\_  
 \$100 application fee enclosed  
 (check payable to Oregon Business Development Department)

Facility located in \_\_\_\_\_ Date of Preliminary Certification Application \_\_\_\_\_

Facility Address (street address, lot number of site) \_\_\_\_\_

**Compensation Schedule for Employees** hired since preliminary certification and working in full-time, year-round positions at the facility

Occupational category or group <sup>1</sup>	Total number of hires	Group's average wage	Group's minimum compensation <sup>2</sup>	Health Insurance <sup>3</sup>
		\$	\$	Yes
		\$	\$	Yes
		\$	\$	Yes
		\$	\$	Yes

<sup>1</sup> No individual identifiers, names or social security numbers—use generic labels or coding even if made up for this purpose. Enter in order starting with highest compensated positions. Attach or send additional sheets in the above format, as necessary.  
<sup>2</sup> Annual wage or salary (taxable income) and financial/fringe benefits, but exclude mandatory, payroll tax-like expenses.  
<sup>3</sup> Medical coverage comparable in quality to that of local municipal employees. Check if further information included

**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 \_\_\_\_\_