

NYS Department of Environmental Conservation
MOSF Online Payment User Guide

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DEC ONLINE PAYMENT SYSTEM



Department of
Environmental
Conservation

Important Notes

1. To create an account, a valid combination of an Account (Customer) Number and Invoice Number is necessary, and your invoice must have been issued within the last **two years**. If you do not have this information, contact Revenue Accounting at revenue@dec.ny.gov, and provide the License # for the terminal.
2. The invoice can be of any status (open, partially paid, fully paid).
3. The customer account access is allocated for the license number used in the vetted invoice.
 - If access for additional license number(s) or non-MOSF customer account(s) need to be added to an existing account, contact Revenue Accounting at revenue@dec.ny.gov.

Login Page

Note: Enter the URL <https://epayfmis.dec.ny.gov> in your browser to launch the application login page. If you already have your credentials and are ready to log in, please enter your username and password and click the “**Login**” button. For further instructions, jump to the ‘[Online Payment Application](#)’ section.

If you are a new user, please click “**Register Here**”.

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* User Name
(example: michael.james.smith)

* Password
(example: 4u99v23)

Login Cancel

Forgot Password --> Login Assistance

New Users --> Register here

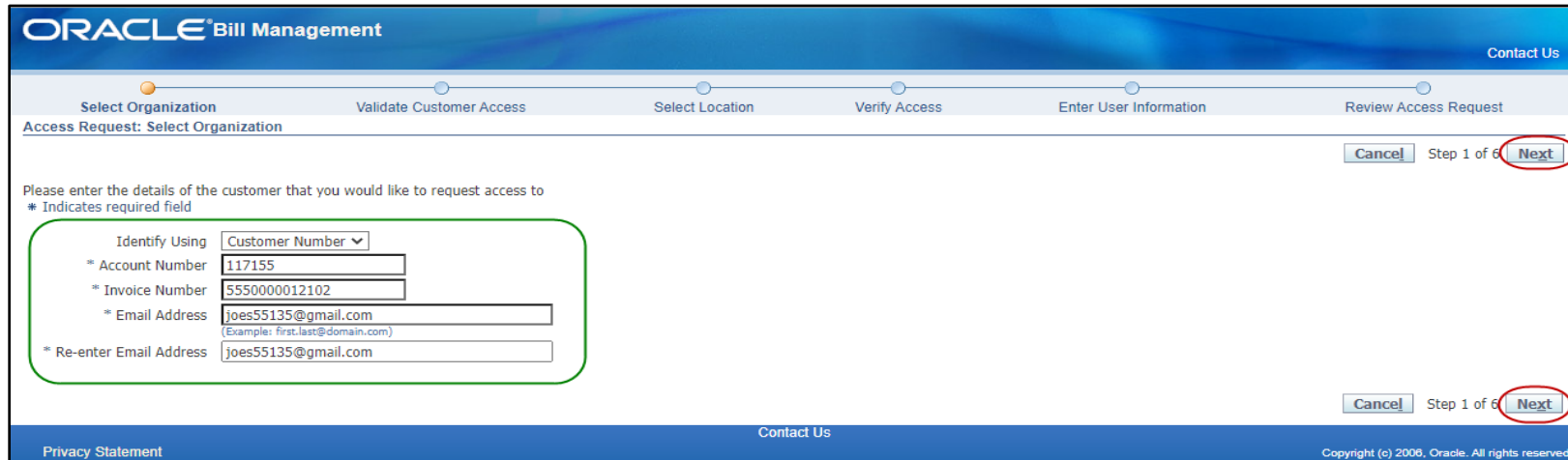
Select a Language:
English

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New User Registration:

After clicking “**Register here**,” the registration form will be displayed. Enter the account (customer) number and invoice number from your recent invoice (issued within the last two years). Enter and re-enter your email address. Your email address will become your username.



ORACLE Bill Management

Contact Us

Select Organization Validate Customer Access Select Location Verify Access Enter User Information Review Access Request

Access Request: Select Organization

Cancel Step 1 of 6 **Next**

Please enter the details of the customer that you would like to request access to
* Indicates required field

Identify Using Customer Number ▼

* Account Number 117155

* Invoice Number 5550000012102

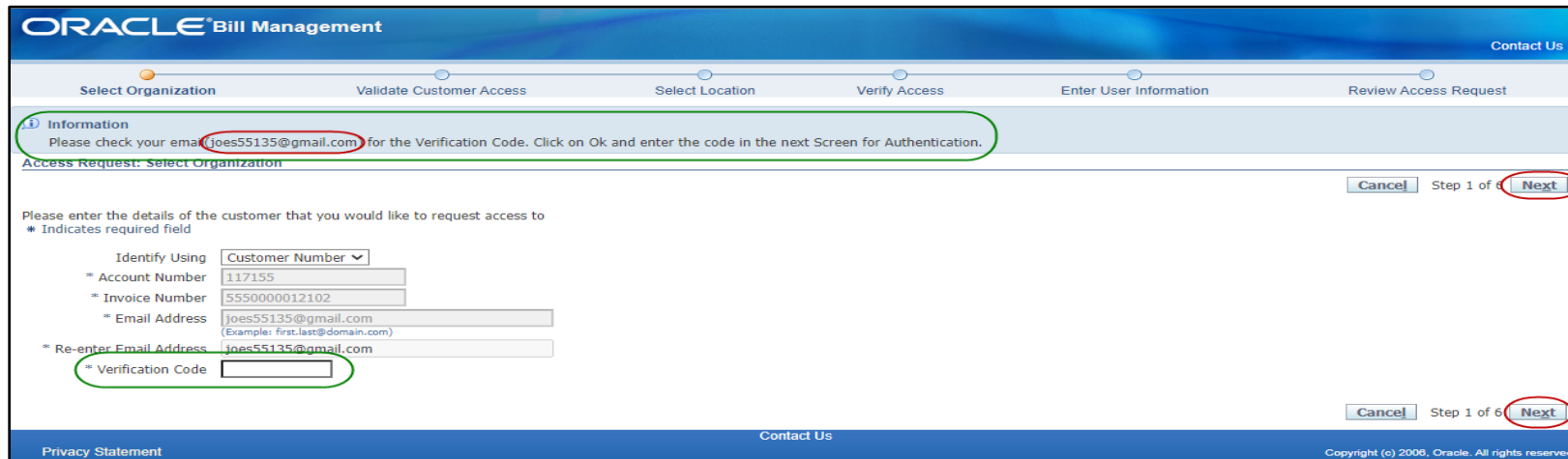
* Email Address joes55135@gmail.com
(Example: first.last@domain.com)

* Re-enter Email Address joes55135@gmail.com

Cancel Step 1 of 6 **Next**

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Click “**Next**”. A Verification Code field and Information message will appear. Keep this web page open.



ORACLE Bill Management

Contact Us

Select Organization Validate Customer Access Select Location Verify Access Enter User Information Review Access Request

Access Request: Select Organization

Cancel Step 1 of 6 **Next**

Information
Please check your email (joes55135@gmail.com) for the Verification Code. Click on Ok and enter the code in the next Screen for Authentication.

Please enter the details of the customer that you would like to request access to
* Indicates required field

Identify Using Customer Number ▼

* Account Number 117155

* Invoice Number 5550000012102

* Email Address joes55135@gmail.com
(Example: first.last@domain.com)

* Re-enter Email Address joes55135@gmail.com

* Verification Code

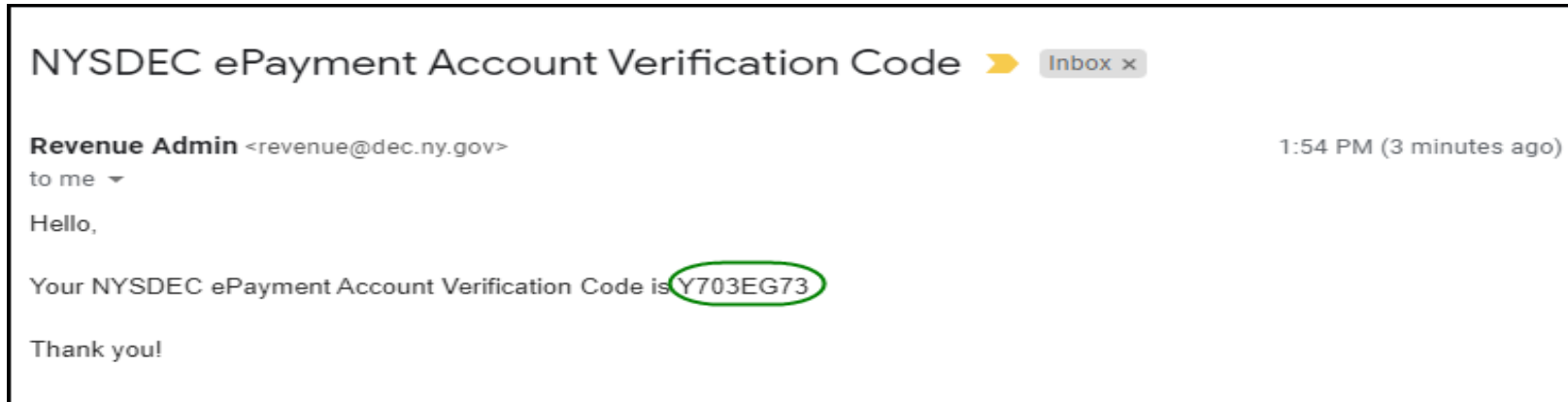
Cancel Step 1 of 6 **Next**

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An email containing your Verification Code will be sent to the email address you previously provided. The email will be titled “NYSDEC ePayment Account Verification Code.” A sample email is shown below:

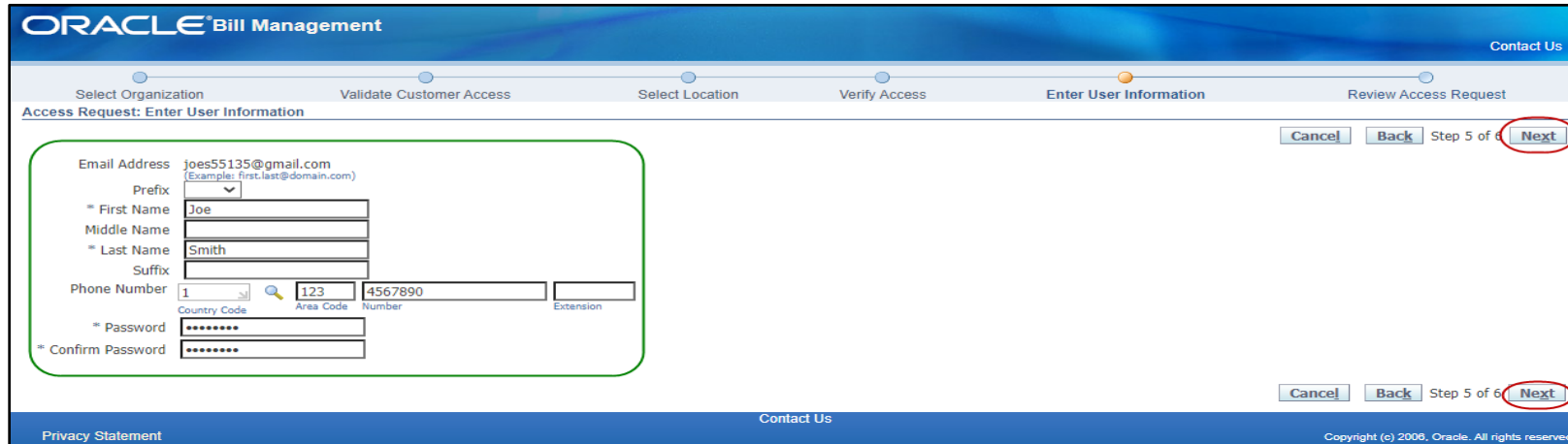


Please open the email, copy the verification code, and paste (or enter) it into the verification code field on the registration form. Click “**Next**”.

A screenshot of the "ORACLE Bill Management" registration form. The form has a progress bar at the top with steps: "Select Organization", "Validate Customer Access", "Select Location", "Verify Access", "Enter User Information", and "Review Access Request". The current step is "Verify Access". Below the progress bar, there is an "Information" section with a message: "Please check your email(joes55135@gmail.com) for the Verification Code. Click on Ok and enter the code in the next Screen for Authentication." Below this is the "Access Request: Select Organization" section. It contains a "Cancel" button and a "Next" button (circled in red). Below this is a section titled "Please enter the details of the customer that you would like to request access to" with a note "* Indicates required field". It contains several input fields: "Identify Using" (dropdown menu set to "Customer Number"), "* Account Number" (117155), "* Invoice Number" (5550000012102), "* Email Address" (joes55135@gmail.com), "* Re-enter Email Address" (joes55135@gmail.com), and "* Verification Code" (Y703EG73, circled in green). At the bottom right of this section are "Cancel" and "Next" buttons (circled in red). The footer of the form includes "Privacy Statement", "Contact Us", and "Copyright (c) 2006, Oracle. All rights reserved."

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The User Information page opens. Fill in your personal information in the mandatory fields - First Name, Last Name, Password, and re-enter password. Click **“Next”**.



ORACLE® Bill Management

Contact Us

Select Organization Validate Customer Access Select Location Verify Access **Enter User Information** Review Access Request

Access Request: Enter User Information

Cancel Back Step 5 of 6 **Next**

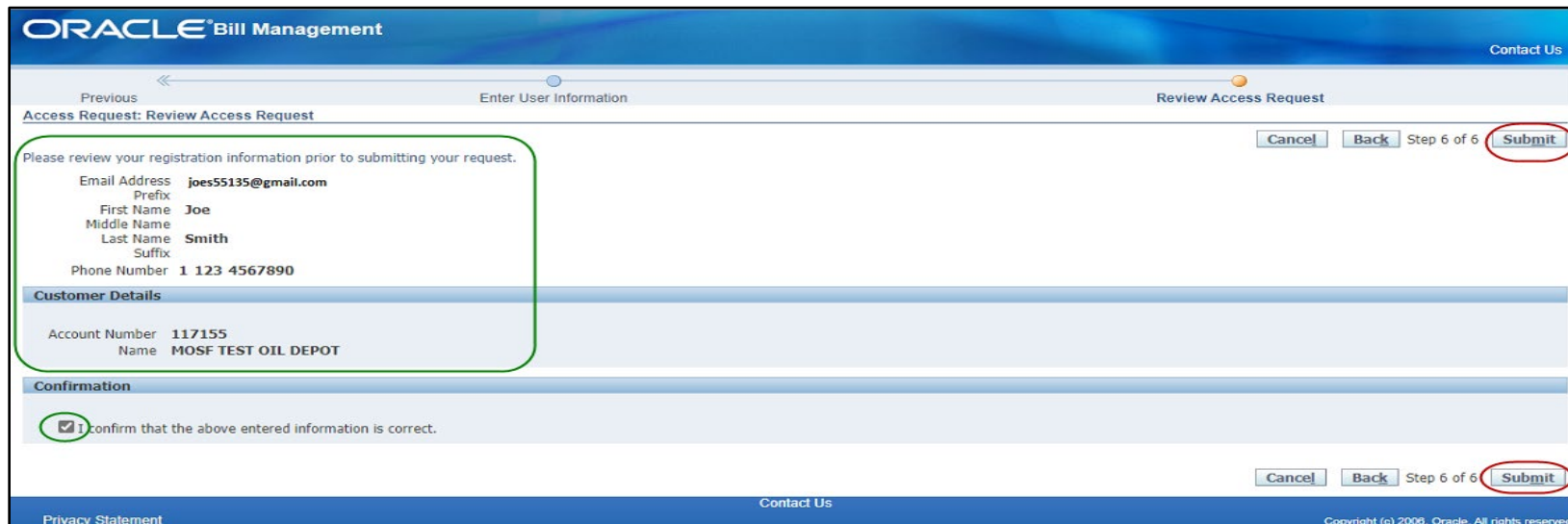
Email Address: joes55135@gmail.com
(Example: first.last@domain.com)

Prefix: [dropdown]
* First Name: Joe
Middle Name: [text]
* Last Name: Smith
Suffix: [text]
Phone Number: 1 [Country Code] 123 [Area Code] 4567890 [Number] [Extension]
* Password: [text]
* Confirm Password: [text]

Cancel Back Step 5 of 6 **Next**

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Your previously entered information will be displayed. If any changes need to be made, click **“Back”** (*do not use your browser’s back button*). If the information is correct, check the Confirmation check box and click **“Submit”** to continue.



ORACLE® Bill Management

Contact Us

Previous Enter User Information **Review Access Request**

Access Request: Review Access Request

Cancel Back Step 6 of 6 **Submit**

Please review your registration information prior to submitting your request.

Email Address: joes55135@gmail.com
Prefix: [text]
First Name: Joe
Middle Name: [text]
Last Name: Smith
Suffix: [text]
Phone Number: 1 123 4567890

Customer Details

Account Number: 117155
Name: MOSF TEST OIL DEPOT

Confirmation

☒ I confirm that the above entered information is correct.

Cancel Back Step 6 of 6 **Submit**

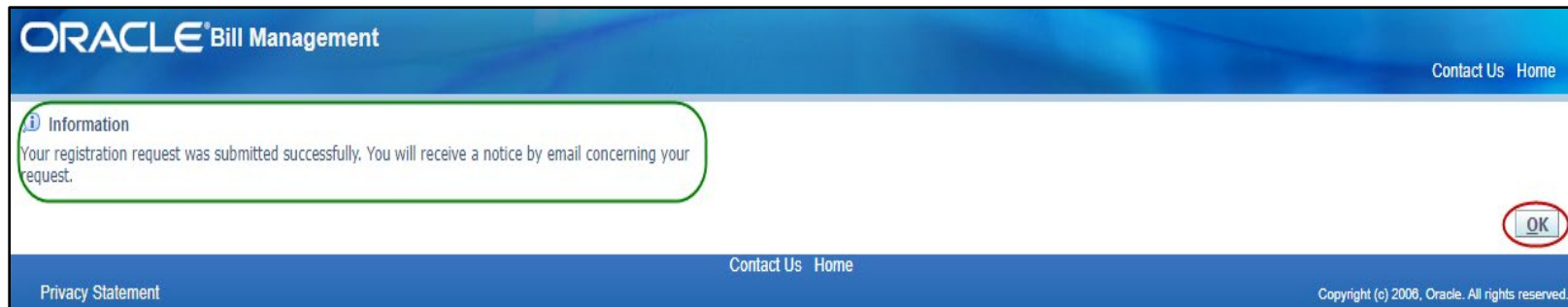
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DEC ONLINE PAYMENT SYSTEM

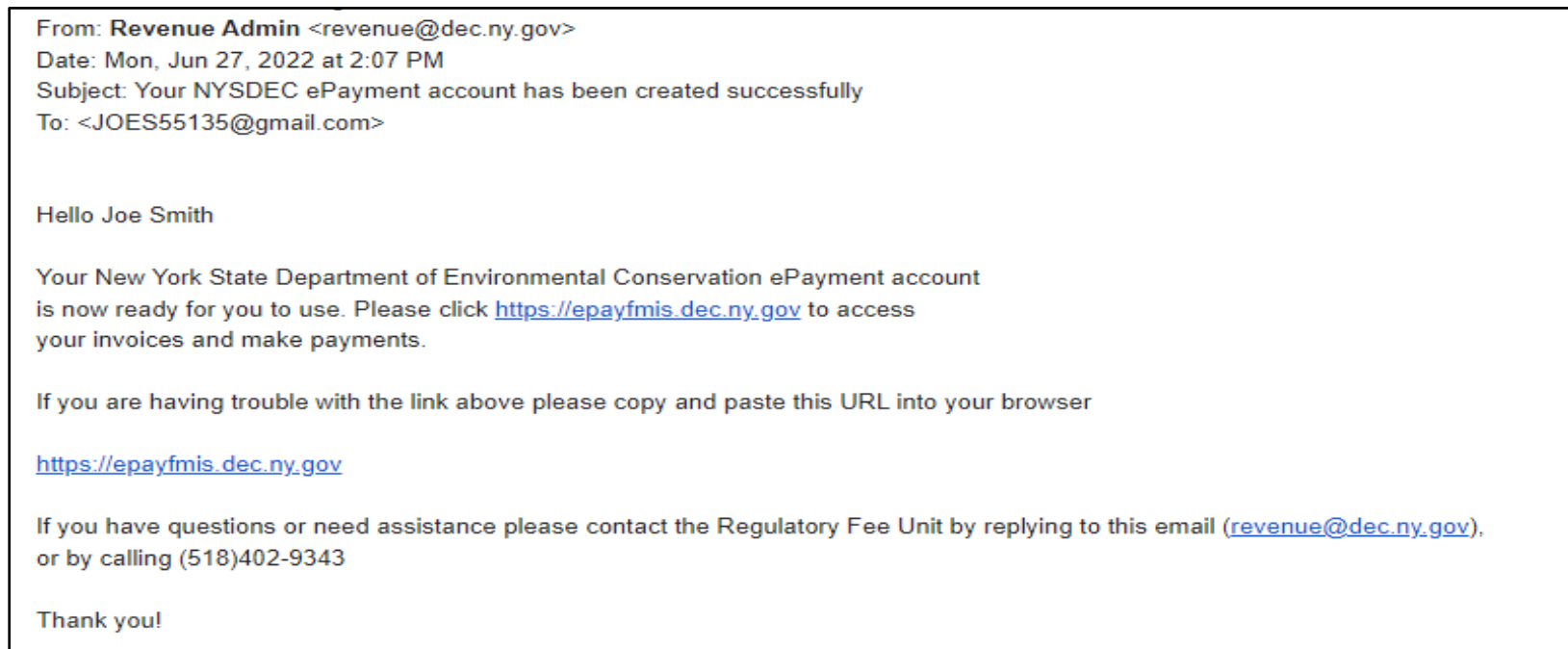


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The user creation confirmation message will appear. Click “OK” to return the login page.



Close your browser to proceed. Please wait until you receive a confirmation email from Revenue Admin before accessing your account. A sample email is shown below:



Online Payment Application

Launch the application login page using the URL provided by DEC.

If you are an existing but first-time user of the new payment system:

You should have received an email from DEC in July of 2022 containing your username (email) and a temporary password. Enter these credentials and click “Login”.

If you are a newly registered user:

On the Login page, enter your recently created username (your full email) and password and click “Login”.



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* User Name
(example: michael.james.smith)

* Password
(example: 4099v23)

[Forgot Password --> Login Assistance](#)
[New Users --> Register here](#)

Select a Language:
English

[Privacy Statement](#)

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The home page shows the customer details like facility name, customer number, license number and facility address. It also displays two tabs, one each for Reports and Invoices. By default, the Reports tab details are displayed.

ORACLE[®] NYSFMS MOSF Application
Logout

Customer Name **MOSF TEST OIL DEPOT**
Facility Name **MOSF TEST OIL DEPOT**
Facility Address **1776 Shore Parkway, Brooklyn, NY, 11214**

Customer Num **117155**
License Num **2-1600**

Receive Paper Invoices by Mail
Please note, by opting out you will no longer receive reports by Mail.

Reports

Invoices

Report Details

Report Year

Report Period	Report Type	Invoice Num	Invoice Due Date	Original Submission Date	Status	Action
MAR-22	Monthly	5550000012301	20-Apr-2022		NEW	Update
FEB-22	Monthly	5550000012300	20-Mar-2022		NEW	Update
JAN-22	Monthly	5550000012102	20-Feb-2022	03-Feb-2022 16:32:43	PAID	View
DEC-21	Monthly	5550000011804	20-Jan-2022	06-Jan-2022 15:09:29	PAID	View
NOV-21	Monthly	5550000011541	20-Dec-2021	03-Dec-2021 11:55:14	PAID	View
OCT-21	Monthly	5550000011186	20-Nov-2021	02-Nov-2021 11:52:35	PAID	View
SEP-21	Monthly	5550000010865	20-Oct-2021	04-Oct-2021 13:22:18	PAID	View
AUG-21	Monthly	5550000010544	20-Sep-2021	02-Sep-2021 14:29:59	PAID	View
JUL-21	Monthly	5550000010228	20-Aug-2021	04-Aug-2021 11:32:42	PAID	View
JUN-21	Monthly	5550000009918	20-Jul-2021	06-Jul-2021 15:20:18	PAID	View
MAY-21	Monthly	5550000009594	20-Jun-2021	08-Jun-2021 11:12:08	PAID	View
APR-21	Monthly	5550000009271	20-May-2021	05-May-2021 13:25:01	PAID	View
MAR-21	Monthly	5550000008953	20-Apr-2021	06-Apr-2021 10:36:22	PAID	View
FEB-21	Monthly	5550000008675	20-Mar-2021	03-Mar-2021 11:33:43	PAID	View
JAN-21	Monthly	5550000008310	20-Feb-2021	04-Feb-2021 10:53:37	PAID	View

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Logout

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Note: Only 15 records are displayed at a time. To see the further results, click “**Next 15**” on the right top or bottom corner of the table.

Each record represents a report and shows the details such as Report Period, Report Type, Invoice number, Invoice Due Date, Status and Action.

The reports with actions as “**View**” can only be viewed and cannot be altered, while the reports with “**Update**” action code can be updated.

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Filing Report

Click **"Update"** and a report page will open. Initially all the figures are set to zero (0).

ORACLE[®] NYSFMS MOSF Application
Logout

Customer Name **MOSF TEST OIL DEPOT**

Facility Name **MOSF TEST OIL DEPOT**

Facility Address **1776 Shore Parkway, Brooklyn, NY, 11214**

Invoice Num **5550000012300**

Customer Num **117155**

License Num **2-1600**

Reporting Period **FEB-22**

	Description	Total Barrels (A)	Barrels Subject to License Fee (B)	Barrels Subject to Surcharge (C)
1	Total Quantity Received During the Month	0		
2	Barrels Received Not Subject to License Fee and Surcharge (Vessels Only)	0		
3	Barrels Received On Which License Fee and Surcharge was Previously Paid; **Schedule of Deliveries must be submitted to be considered filed (see instructions)**	0		
4	Barrels Received and Used By Facility **Do not include any amounts reported in column 3A**	0		0
5	Total Barrels Subject to Full License Fee and Surcharge (Line 1A Minus Lines 2A, 3A and 4A)			
6	. Less: Barrels Transhipped to a Land Based Facility but thereafter Exported from this State for Use Outside the State and Shipped To Facilities Outside the State		0	0
7	Net Barrels Subject to License Fee (Line 5B Minus Line 6B)			
8	Net Barrels Subject to Surcharge (Line 4C Plus 5C, Minus Line 6C)			
9	License Fee Rate 9.5 Cents Per Barrel (Line 7B * .095)			
10	License Fee Rate 8 Cents Per Barrel Used By Facility (Line 4C * .08)			
11	Surcharge Rate 4.25 Cents Per Barrel (Line 8C * .0425)			
12	Tranship Surcharge Rate 13.75 Cents Per Barrel (Line 6C * .1375)			
13	Total License Fee and Surcharge Fees Due (Line 9 Plus Lines 10 Thru 12)			
14	Total Monthly Fee and Surcharges Due			

✔ **TIP** On click of Save button, all charges will be automatically calculated.

15 Has there been any change of conditions with respect to the facility which substantially changes the circumstances under which the License was issued or renewed? No ▼

If "Yes", explain.

16 Has ownership changed during the calendar month covered by this report? No ▼

If "Yes", explain.

* FIRST AND LAST NAME

* EMAIL

* TITLE

* PHONE

(XXX-YYY-ZZZZ OR XXXYYYZZZZ)

☐ **I certify under penalty of perjury, that the information contained in this report is true, complete and correct.**

Back
Save
Submit
Print

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Fill out the applicable fields

- **Item 1:** Total Quantity Received During the Month
- **Item 2:** Barrels Received Not Subject to License Fee and Surcharge. This is applicable for Vessels Only.
- **Item 3:** Barrels Received On Which License Fee and Surcharge was Previously Paid; **Schedule of Deliveries must be submitted to be considered filed (see instructions)**
- **Item 4:** Barrels Received and Used By Facility **Do not include any amounts reported in column 3A**
- **Item 6:** Less: Barrels Transshipped to a Land Based Facility but thereafter Exported from this State for Use Outside the State and Shipped To Facilities Outside the State' (row 6)
- **Item 15:** Set the field to 'Yes' and fill out the details in the field provided if there is a substantial change to the circumstances under which the License for the facility was issued or renewed.
- **Item 16:** Set the field to 'Yes' and fill out the details in the field provided if an ownership is changed during the reporting period.
- Enter First and Last name of the preparer, its title, contact email address and phone number.
- Check the checkbox to certify the entry.

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A sample filled report would look like as follows:

ORACLE[®] NYSFMS MOSF Application
Logout

Customer Name **MOSF TEST OIL DEPOT**
Facility Name **MOSF TEST OIL DEPOT**
Facility Address **1776 Shore Parkway, Brooklyn, NY, 11214**
Invoice Num **5550000012300**

Customer Num **117155**
License Num **2-1600**
Reporting Period **FEB-22**

	Description	Total Barrels (A)	Barrels Subject to License Fee (B)	Barrels Subject to Surcharge (C)
1	Total Quantity Received During the Month	2000		
2	Barrels Received Not Subject to License Fee and Surcharge (Vessels Only)	0		
3	Barrels Received On Which License Fee and Surcharge was Previously Paid; ***Schedule of Deliveries must be submitted to be considered filed (see instructions)***	100		
4	Barrels Received and Used By Facility ***Do not include any amounts reported in column 3A***	100		0
5	Total Barrels Subject to Full License Fee and Surcharge (Line 1A Minus Lines 2A, 3A and 4A)			
6	. Less: Barrels Transhipped to a Land Based Facility but thereafter Exported from this State for Use Outside the State and Shipped To Facilities Outside the State		50	0
7	Net Barrels Subject to License Fee (Line 5B Minus Line 6B)			
8	Net Barrels Subject to Surcharge (Line 4C Plus 5C, Minus Line 6C)			
9	License Fee Rate 9.5 Cents Per Barrel (Line 7B * .095)			
10	License Fee Rate 8 Cents Per Barrel Used By Facility (Line 4C * .08)			
11	Surcharge Rate 4.25 Cents Per Barrel (Line 8C * .0425)			
12	Tranship Surcharge Rate 13.75 Cents Per Barrel (Line 6C * .1375)			
13	Total License Fee and Surcharge Fees Due (Line 9 Plus Lines 10 Thru 12)			
14	Total Monthly Fee and Surcharges Due			

TIP On click of Save button, all charges will be automatically calculated.

15 Has there been any change of conditions with respect to the facility which substantially changes the **circumstances under which the license was issued or renewed?**

No

If "Yes", explain.

16 Has ownership changed during the calendar month covered by this report?

No

If "Yes", explain.

* FIRST AND LAST NAME **Joe Smith**
* EMAIL **joes5135@gmail.com**

* TITLE **QA**
* PHONE **123**
(XXX-YYY-ZZZZ OR XXXYYYZZZZ)

☒ **I certify under penalty of perjury, that the information contained in this report is true, complete and correct.**

Back Save Submit Print

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Buttons provided on the page:

Back: If you want to go back to previous page without submitting.

Save: Saves the work. Auto calculates the final charges and populates fields.

Submit: Submit the report to the system. Please note that once a report is submitted it cannot be undone. If the report was submitted in error, contact Revenue Accounting at revenue@dec.ny.gov and provide customer number and the invoice number.

Print: Print the report. Save the data before printing.

DEC ONLINE PAYMENT SYSTEM



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Conservation

Once Saved, the report will look like this:

ORACLE[®] NYSFMS MOSF Application
Logout

Confirmation
 Report has been saved successfully. Please Submit the report for further processing.

Customer Name **MOSF TEST OIL DEPOT**
Facility Name **MOSF TEST OIL DEPOT**
Facility Address **1776 Shore Parkway, Brooklyn, NY, 11214**
Invoice Num **5550000012300**

Customer Num **117155**
License Num **2-1600**
Reporting Period **FEB-22**

	Description	Total Barrels (A)	Barrels Subject to License Fee (B)	Barrels Subject to Surcharge (C)
1	Total Quantity Received During the Month	2000		
2	Barrels Received Not Subject to License Fee and Surcharge (Vessels Only)	0		
3	Barrels Received On Which License Fee and Surcharge was Previously Paid; ***Schedule of Deliveries must be submitted to be considered filed (see instructions)***	100		
4	Barrels Received and Used By Facility ***Do not include any amounts reported in column 3A***	100		100
5	Total Barrels Subject to Full License Fee and Surcharge (Line 1A Minus Lines 2A, 3A and 4A)	1800	1800	1800
6	. Less: Barrels Transhipped to a Land Based Facility but thereafter Exported from this State for Use Outside the State and Shipped To Facilities Outside the State		50	50
7	Net Barrels Subject to License Fee (Line 5B Minus Line 6B)		1750	
8	Net Barrels Subject to Surcharge (Line 4C Plus 5C, Minus Line 6C)			1850
9	License Fee Rate 9.5 Cents Per Barrel (Line 7B * .095)		166.25	
10	License Fee Rate 8 Cents Per Barrel Used By Facility (Line 4C * .08)		8.00	
11	Surcharge Rate 4.25 Cents Per Barrel (Line 8C * .0425)		78.63	
12	Tranship Surcharge Rate 13.75 Cents Per Barrel (Line 6C * .1375)		6.88	
13	Total License Fee and Surcharge Fees Due (Line 9 Plus Lines 10 Thru 12)		259.76	
14	Total Monthly Fee and Surcharges Due		259.76	

TIP On click of Save button, all charges will be automatically calculated.

15 Has there been any change of conditions with respect to the facility which substantially changes the circumstances under which the License was issued or renewed?

No

If "Yes", explain.

16 Has ownership changed during the calendar month covered by this report?

No

If "Yes", explain.

* FIRST AND LAST NAME

* TITLE

* EMAIL

* PHONE
(XXX-YYY-ZZZZ OR XXXYYYZZZZ)

☒ **I certify under penalty of perjury, that the information contained in this report is true, complete and correct.**

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The Print functionality generates the report in PDF format.



MAJOR PETROLEUM LICENSE FEE MONTHLY REPORT

License No: 2-1600	Invoice Number: 555000012300	Account Number: 117155
Facility Address: MOSF TEST OIL DEPOT 1776 Shore Parkway Brooklyn, NY 11214		Remit To: NYS Department of Environmental Conservation Regulatory Fee Unit, Oil Spill 625 Broadway Albany, New York 12233-5013 (PAY AMOUNT DUE ON LINES 13 & 14 IN FULL Make Checks Payable to: NYS Dept. of Environmental Conservation Payment must be received by due date (See Instructions)

Make any changes necessary to correct name or address but do not erase.

IMPORTANT: READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING RETURN - Answer ALL Items 1 thru 17 below.			
REPORT FOR THE CALENDAR MONTH OF: February 2022	TOTAL BARRELS (A)	BARRELS SUBJECT TO LICENSE FEE (B)	BARRELS SUBJECT TO SURCHARGE (C)
1. Total Quantity Received During the Month.	2000		
2. Barrels Received Not Subject to License Fee and Surcharge. (Vessels Only)	0		
3. Barrels Received On Which License Fee and Surcharge was Previously Paid; **Schedule of Deliveries must be submitted to be considered filed (see Instructions)**	100		
4. Barrels Received and Used By Facility (Enter amount in columns A and C) **Do not include any amounts reported in column 3A**	100		100
5. Total Barrels Subject to Full License Fee and Surcharge. (Line 1A Minus Lines 2A, 3A and 4A; Show this Amount in Columns: A, B and C)	1800	1800	1800
6. Less: Barrels Transhipped to a Land Based Facility but thereafter Exported from this State for Use Outside the State and Shipped to Facilities Outside the State		50	50
7. Net Barrels Subject to License Fee. (Line 5B Minus Line 6B)		1750	
8. Net Barrels Subject to Surcharge. (Line 4C Plus 5C, Minus Line 6C)			1850
CALCULATE FEE DUE			
9. License Fee Rate 9.5 Cents Per Barrel. (Line 7B * .095)		\$166.25	
10. License Fee Rate 8 Cents Per Barrel Used By Facility (Line 4C * .08)		\$8.00	
11. Surcharge Rate 4.25 Cents Per Barrel. (Line 8C x .0425)		\$78.63	
12. Tranship Surcharge Rate 13.75 Cents Per Barrel. (Line 6C x .1375)		\$6.88	
13. Total Current Month License Fee & Surcharge Fees Due. (Line 9 Plus Lines 10 Thru 12)		\$259.76	
14. Total Amount Due for This License for Prior Periods as of			

15. Has there been any change of conditions with respect to the facility which substantially changes the circumstances under which the license was issued or renewed?
☐ Yes ☐ No If "yes", enter date and explain _____

16. Has ownership changed during the calendar month covered by this report?
☐ Yes ☐ No If "yes", enter date and explain _____

17. I certify under penalty of perjury, that the information contained in this report is true, complete and correct.

Correct Name of the Firm _____ Telephone Number 123 _____

Signature _____ Print Name Joe Smith Title QA _____

Email joes55135@gmail.com Date _____

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Click **“Submit”**. A Report Submission Confirmation message will appear.

ORACLE[®]NYSFMS MOSF Application Home Logout

Warning
Report is considered submitted on time only when the report, documentation, and payment (if applicable) has been received/postmarked by the 20th of the month following the reporting period. Otherwise late fees will be charged.

Return to Report **I Accept**

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Click **“I Accept”** to fully submit the report. A confirmation message will appear and redirects the user to invoice tab.

Note: You can go back to the reports page to process any other pending reports by clicking on the **Reports** tab.

ORACLE[®]NYSFMS MOSF Application Logout

Confirmation
Report has been submitted successfully.

Customer Name MOSF TEST OIL DEPOT Customer Num 117155
Facility Name MOSF TEST OIL DEPOT License Num 2-1600
Facility Address 1776 Shore Parkway, Brooklyn, NY, 11214

Receive Paper Invoices by Mail
Please note, by opting out you will no longer receive reports by Mail.

Reports Invoices

Invoice Details
Report Status Search

Select	Invoice Num	Report Type	Reporting Period	Report Status	Invoice Due Date	Orig Submission Date	Amount Due	Amount Remaining	Late Payment Fees Unapplied	Comments	Pay Amount
<input type="checkbox"/>	5550000012300	Monthly	FEB-22	SUBMITTED	20-Mar-2022	28-Jun-2022	259.76	259.76	0.00	No	
Total											0

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Pay Your Invoice(s)

Select an invoice(s) to pay by clicking the check box next to the invoice number. The Pay Amount column for the invoice is auto populated with the invoice's remaining balance (Amount Remaining).

ORACLE[®] NYSFMS MOSF Application
Logout

Customer Name
Facility Name
Facility Address

MOSF TEST OIL DEPOT
MOSF TEST OIL DEPOT
1776 Shore Parkway, Brooklyn, NY,
11214

Customer Num
License Num

117155
2-1600

Receive Paper Invoices by Mail No Apply
Please note, by opting out you will no longer receive reports by Mail.

Reports
Invoices

Invoice Details

Report Status Search

Pay Invoices

Select	Invoice Num	Report Type	Reporting Period	Report Status	Invoice Due Date	Orig Submission Date	Amount Due	Amount Remaining	Late Payment Fees Unapplied	Comments	Pay Amount
<input checked="" type="checkbox"/>	5550000012300	Monthly	FEB-22	SUBMITTED	20-Mar-2022	28-Jun-2022	259.76	259.76	0.00 No		259.76
<input checked="" type="checkbox"/>	5550000012301	Monthly	MAR-22	SUBMITTED	20-Apr-2022	28-Jun-2022	409.50	409.50	0.00 No		409.50
Total											0

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Privacy Statement
Logout
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DEC ONLINE PAYMENT SYSTEM



Department of
Environmental
Conservation

Click the **“Pay Invoices”** button. The Account Details payment confirmation page displays the selected invoice(s) with their payment amount(s), as well as a disclaimer from the third-party payment processor (*you can download the disclaimer by clicking the Adobe logo*).

Read the disclaimer and verify the invoice information. If any changes are needed, click the **“Back”** button to return to the previous page (*do not use your browser’s back button*). Note the total amount at the bottom right corner of the page.

Verify the information is correct.

ORACLE NYSFMS MOSF Application Logout

Customer Name **MOSF TEST OIL DEPOT** Customer Num **117155**
Facility Name **MOSF TEST OIL DEPOT** License Num **2-1600**
Facility Address **1776 Shore Parkway, Brooklyn, NY, 11214**

Disclaimer:

The New York State Department of Environmental Conservation offers electronic payment option whereby customers can pay fees by credit card, debit card and electronic check. This payment option is coordinated through Official Payments.

CONVENIENCE FEES:

- For e-check payments, a convenience fee of **\$2.95** will appear as a separate transaction on your bill. Convenience fee for payments over **\$10,000.00** is **\$10.00**. The service fee will appear as a charge to 'Official Payments'.
- For credit card payments, a convenience fee of **2.49%** with a minimum service fee of **\$3.95** will appear as a separate transaction on your bill. The service fee will appear as a charge to 'Official Payments'.
- The convenience fee will be in addition to your regulatory fee payment and will appear as a separate line charge on 'Official Payments' site.

PAYMENT:

TIP Do not use your browser's "Back" button. Instead, navigate using the buttons provided.

Pay Invoices **Back**

Invoice Num	Reporting Period	Report Type	Original Amount	Remaining Amount	Pay Amount
5550000012300	FEB-22	Monthly	259.76	259.76	259.76
5550000012301	MAR-22	Monthly	409.50	409.50	409.50
Total					669.26

TIP Payment Status may take up to 48 hours to reflect recent payment activity.

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[Privacy Statement](#) Logout

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Click the **“Pay Invoices”** button. You will be redirected to the third-party payment processor’s website. (Value Payment Systems (VPS)).



Verify the Total Amount from the previous page is displayed as the Total on this page.

1 Payment Method

2 Payment Details

3 Review Information

4 Payment Receipt

A convenience fee of 2.25% of the payment amount for credit, 1.25% for debit or \$0.20 for an electronic check is charged by Value Payment Systems for using this service. We accept MasterCard, Visa, Discover and American Express.

**Note: If you select credit and are using a debit card you will be charged the credit processing rate.*

Show Item(s) In Cart

Total (without Fees): \$626.26

Select Payment Method

Credit or Debit

Digital Wallets or Bank

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DEC ONLINE PAYMENT SYSTEM



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Conservation

Select your Payment Method; “Credit or Debit” card or “eCheck”, by clicking on the appropriate section on the page as shown.

A. Payment by Credit or Debit Card

When you select “Credit or Debit” as the payment method, the page displays card related fields. Enter the required details for each field. The convenience fee is calculated based on payment method selected. Please note these fees are subject to change and may not be accurately reflected in the guide. Refer to the webpage at checkout to determine the convenience fee.

value
PAYMENT SYSTEMS

1 Payment Method 2 Payment Details 3 Review Information 4 Payment Receipt

A convenience fee of 2.25% of the payment amount for credit, 1.25% for debit or \$0.20 for an electronic check is charged by Value Payment Systems for using this service. We accept MasterCard, Visa, Discover and American Express.

*Note: If you select credit and are using a debit card you will be charged the credit processing rate.

Show Item(s) In Cart Total (without Fees): \$626.26

Payment Method*
Credit

Cardholder Name*
Joe Smith

Card Number*
4111 1111 1111 1111

Expiration Month*
December

Expiration Year*
2024

CVV*
123

Convenience Fee: \$14.09

*Required Field

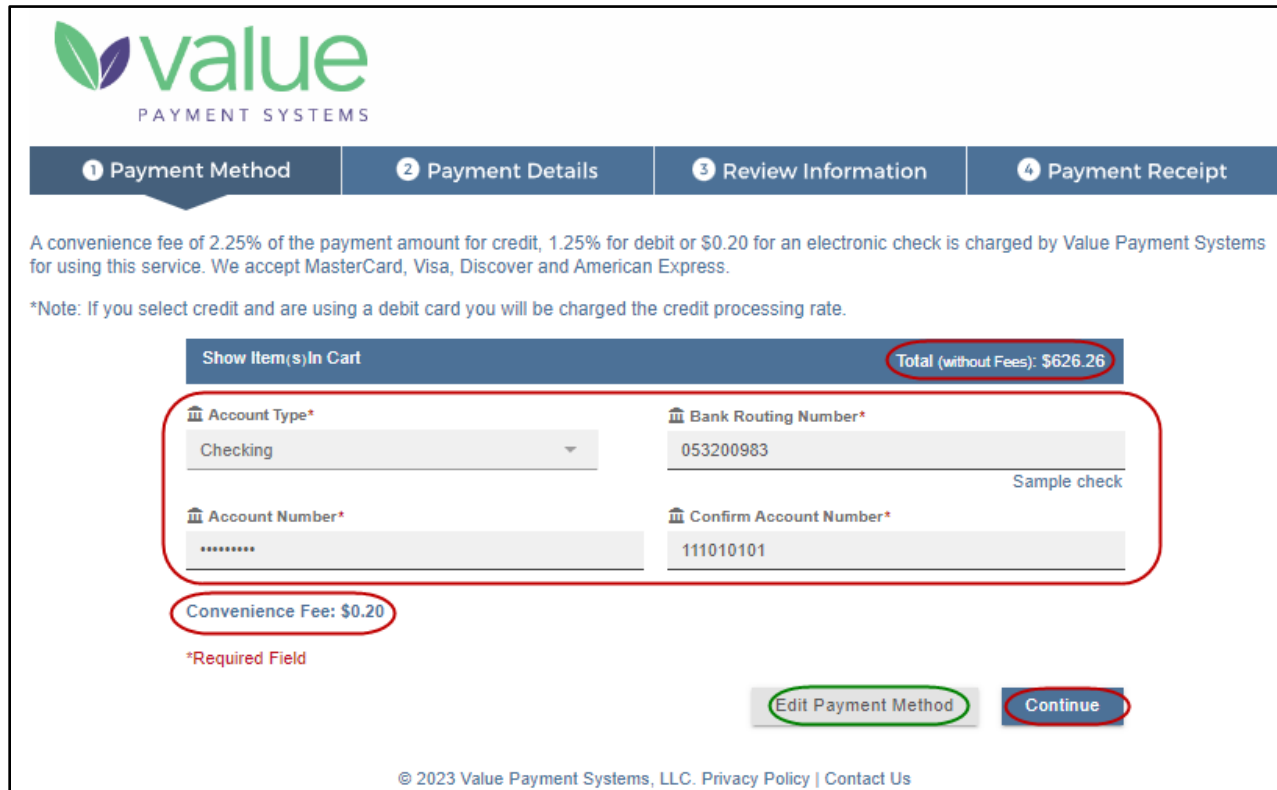
Edit Payment Method Continue

NOTE:

1. To process the payment further click “**Continue**”. To go back to previous page, click “**Edit Payment Method**”. This is consistent for all payment processing webpages.
2. The convenience fee is charged by payment processing third party and subjected to change. The current applicable rates are displayed on the page.

B. Payment by eCheck

When you select “eCheck” as the payment method, the page displays bank related fields. Enter the required details for each field. Note that the convenience fee is calculated based on payment method selected and is displayed on the page. Please note these fees are subject to change and may not be accurately reflected in the guide. Refer to the webpage at checkout to determine the convenience fee.



value
PAYMENT SYSTEMS

1 Payment Method 2 Payment Details 3 Review Information 4 Payment Receipt

A convenience fee of 2.25% of the payment amount for credit, 1.25% for debit or \$0.20 for an electronic check is charged by Value Payment Systems for using this service. We accept MasterCard, Visa, Discover and American Express.

*Note: If you select credit and are using a debit card you will be charged the credit processing rate.

Show Item(s) In Cart Total (without Fees): \$626.26

Account Type*
Checking

Bank Routing Number*
053200983 Sample check

Account Number*
.....

Confirm Account Number*
111010101

Convenience Fee: \$0.20

*Required Field

Edit Payment Method Continue

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Click “**Continue**” to proceed to next payment processing step. When payment details page appears, fill in the requested information. Enter First Name, Last Name, Street Address, Town/City, State, Zip Code, Phone Number.



1 Payment Method

2 Payment Details

3 Review Information

4 Payment Receipt

A convenience fee of 2.25% of the payment amount for credit, 1.25% for debit or \$0.20 for an electronic check is charged by Value Payment Systems for using this service. We accept MasterCard, Visa, Discover and American Express.

*Note: If you select credit and are using a debit card you will be charged the credit processing rate.

Show Item(s) In Cart

Total (without Fees): \$626.26

Payment Details

☐ Check this if card address is international.

First Name*	Last Name*	
Joe	Smith	
Address*	Address Continued	
123 Some Road		
City*	State*	Zip*
Albany	New York	37215
Phone Number*		
1234567890		

*Required Field

Edit Payment Method

Continue

DEC ONLINE PAYMENT SYSTEM



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Conservation

Click **"Continue"** to proceed to next payment processing step. The review Information page displays the previously entered information. Please verify the information is correct. Also review the Terms and Conditions. If any changes need to be made, click **"Edit Payment Method"**. Otherwise, click **"Accept Terms and Process Payment"** to complete the payment process.

1 Payment Method

2 Payment Details

3 Review Information

4 Payment Receipt

Show Item(s) In Cart

total (with Fees): \$626.46

Review Information

This is not a Receipt. Review your information and click the "Accept Terms and Process Payment" button to process your payment.

Account Information

Payment Type: Registration Fees

Payment Details

Payment Amount: \$626.26
Convenience Fee: \$0.20*
Total Amount: \$626.46

Payment Method:

Account Number: XXXXXXXXXXXXXXX0101
Routing Number: 053200983
Check Type: Checking

Bill Payer Details

Joe Smith
123 Some Road
Albany, NY 37215

Terms and Conditions


This secure service is offered by Value Payment Systems in agreement with your payment entity. All payments are processed immediately, and the payment date and time are equal to the time you complete this transaction and receive a confirmation number. If your payment is unable to be processed, your payment liability will remain outstanding and you will be subject to any applicable penalties or interest. These obligations remain your sole responsibility. Value Payment Systems cannot issue refunds once your payment is processed and you receive a

*A convenience fee (non-refundable) will be assessed based upon the final total amount processed for your payment method.

Edit Payment Details

Accept Terms and Process Payment

Accepting terms will complete the payment process and Payment Receipt page will display confirmation number along with payment details.



1 Payment Method

2 Payment Details

3 Review Information

4 Payment Receipt

Payment Receipt

Your transaction has been successfully completed!!

Your Confirmation number is : **4628293225**

Transaction ID: 2307071259883D24E13E823070712598
07/07/2023 14:08:14 [EST]

Items in Cart	
ID: 22466	\$626.26

Account Information


Payment Type: Registration Fees

Bill Payer Details

Joe Smith
123 Some Road
Albany, NY 37215


Payment Details

Payment Amount: \$626.26
Convenience Fee: \$0.20*
Total Amount: \$626.46

Payment Method: 

Account Number: XXXXXXXXXXXXXXX0101
Routing Number: 053200983
Check Type: Checking

Please print this page for your records.

 Print Receipt

Continue

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- A. By clicking “**Print Receipt**” a printable page pops up. Once printing is done, close the page.

Print
Total: 1 sheet of paper

Printer
Microsoft Print to PDF


Copies
1

Layout
☒ Portrait
☐ Landscape

Pages
☒ All
☐

Print Cancel

7/7/23, 2:09 PM
plg.vpsstage.com/HostedCheckoutService/ReceiptInfo/ReceiptInfo



Payment Receipt
Your transaction has been successfully completed!!
Your Confirmation number is : 4628293225
Transaction ID: 2307071259883D24E13E823070712598
07/07/2023 14:08:14 [EST]

ID: 22466

\$626.26

Account Information
Payment Type: Registration Fees

Bill Payer Details
Joe Smith
123 Some Road

DEC ONLINE PAYMENT SYSTEM



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- B. By clicking "Continue", you will be returned to the login page.

The image shows the Oracle login page for the DEC Online Payment System. The page has a blue header with the "ORACLE" logo. Below the header, there is a row of five small images: a person in a white shirt, a power line tower, a person at a computer, a person on a phone, and a person in a suit. The main content area is light blue and contains a login form. On the left side of the form is a large, semi-transparent globe. The form has two input fields: "* User Name" and "* Password". Below the password field are "Login" and "Cancel" buttons. There are also links for "Forgot Password -->", "Login Assistance", "New ePayment Users -->", and "Register here". At the bottom of the form, there is a "Select a Language:" section with "English" selected. The footer of the page is blue and contains a "Privacy Statement" link on the left and "Copyright (c) 2006, Oracle. All rights reserved." on the right.

ORACLE

* User Name

example: michael.james.smith

* Password

example: 4u99v23

[Forgot Password -->](#) [Login Assistance](#)

[New ePayment Users -->](#) [Register here](#)

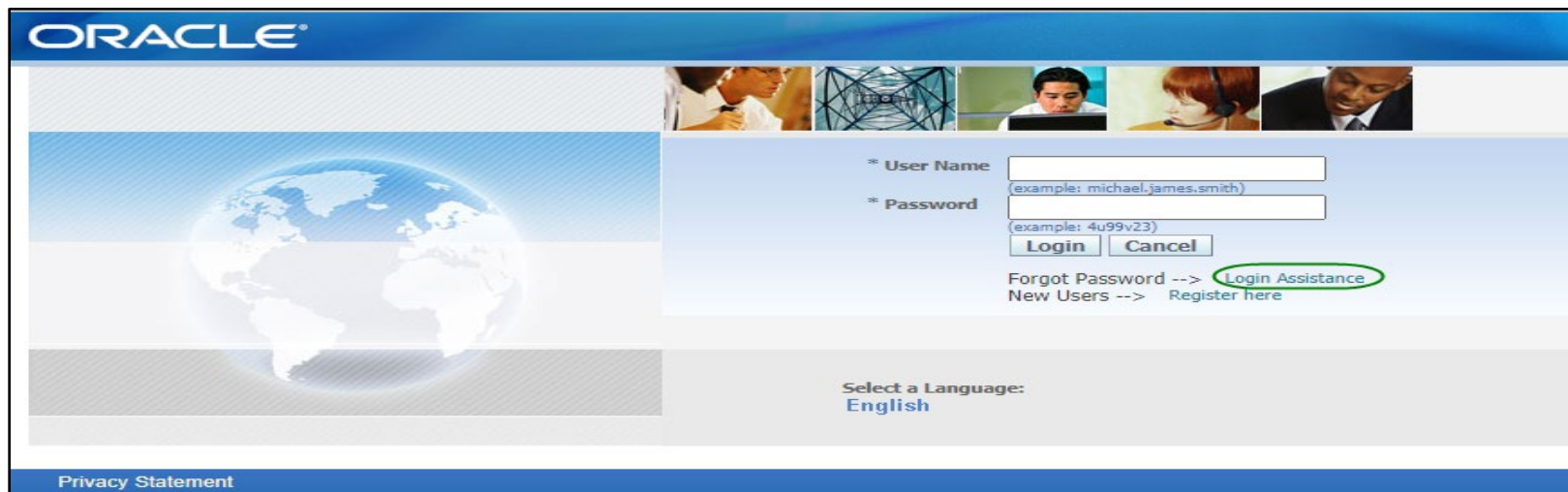
Select a Language:
[English](#)

[Privacy Statement](#)

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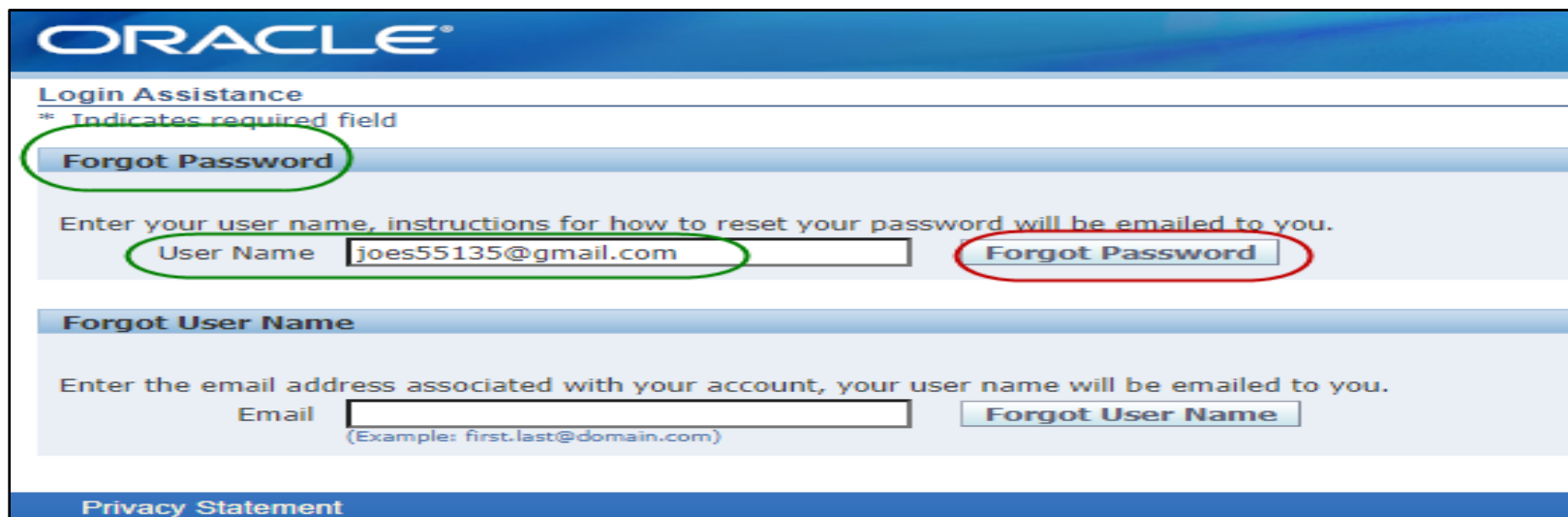
Password Reset

Visit the Login page and select the “**Login Assistance**” link.



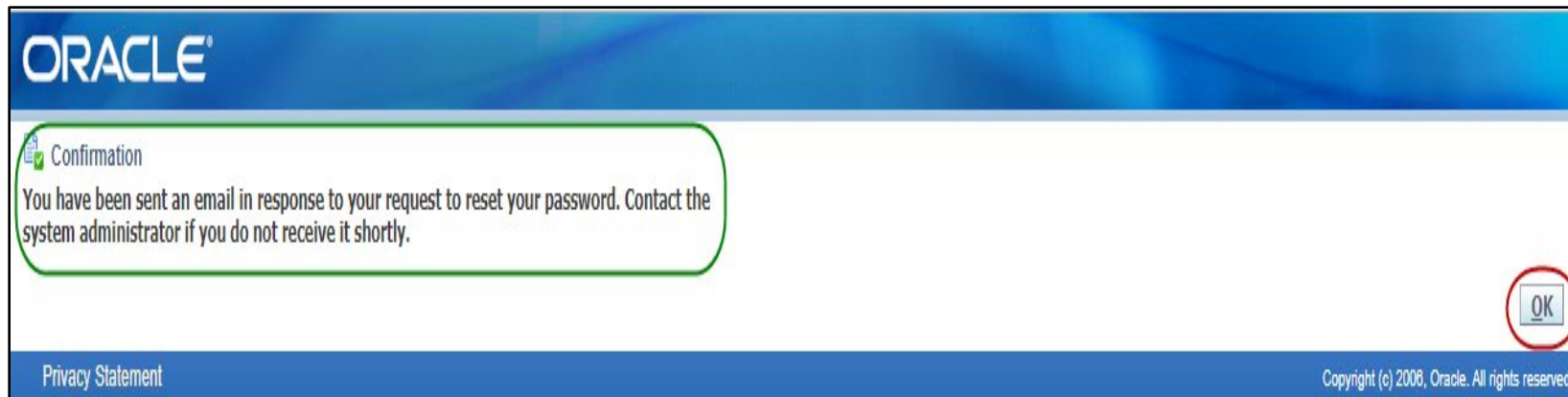
The Oracle login page features a blue header with the Oracle logo. Below the header is a banner with a globe on the left and a row of five small images on the right. The main content area has a light blue background. On the right side, there are two input fields: “* User Name” with a placeholder “(example: michael.james.smith)” and “* Password” with a placeholder “(example: 4u99v23)”. Below these fields are “Login” and “Cancel” buttons. Further down, there are links: “Forgot Password --> Login Assistance” (where “Login Assistance” is circled in green) and “New Users --> Register here”. At the bottom, there is a “Select a Language: English” link. A “Privacy Statement” link is located in the bottom left corner.

Enter your username (email) in the “**Forgot Password**” section as shown below. Click the “**Forgot Password**” button.



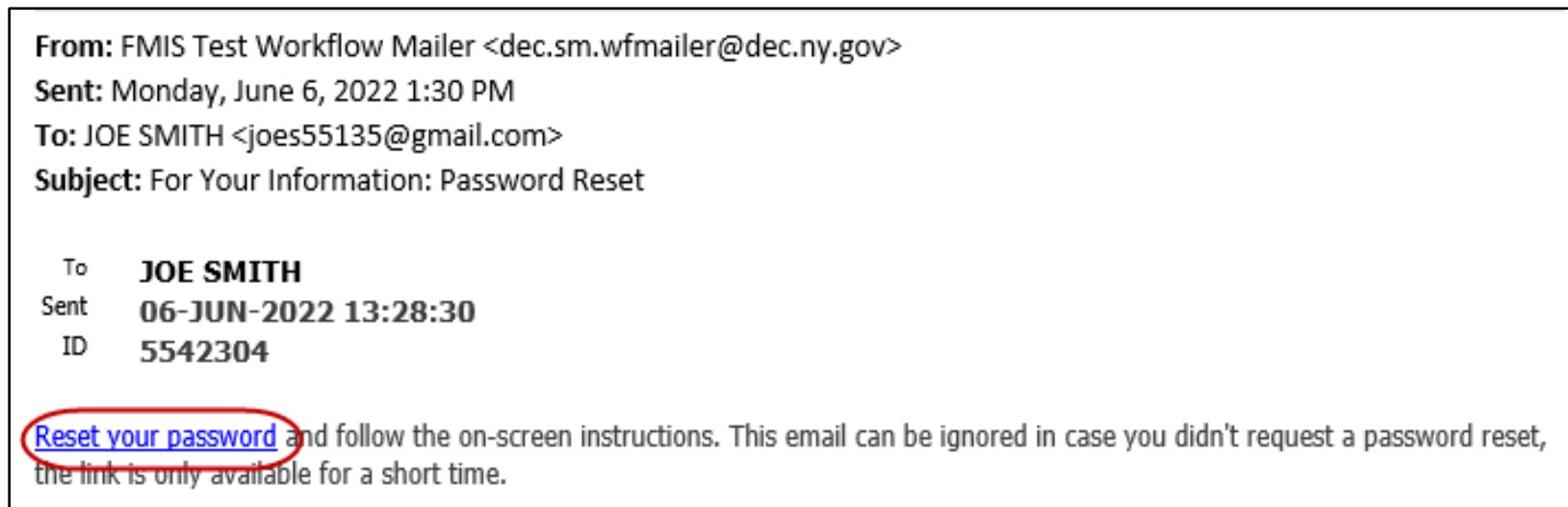
The Oracle Login Assistance page has a blue header with the Oracle logo. Below the header, the title “Login Assistance” is followed by a note “* Indicates required field”. The first section, “Forgot Password”, has a button circled in green. Below it, a message states: “Enter your user name, instructions for how to reset your password will be emailed to you.”. This section contains a “User Name” input field with the value “joes55135@gmail.com” (circled in green) and a “Forgot Password” button circled in red. The second section, “Forgot User Name”, has a message: “Enter the email address associated with your account, your user name will be emailed to you.”. It includes an “Email” input field with a placeholder “(Example: first.last@domain.com)” and a “Forgot User Name” button. A “Privacy Statement” link is at the bottom left.

The confirmation message will appear, and an email will be sent to the email address you provided.




Click "OK" and close your browser.

When you receive the email, click on the "Reset your password" link to access the password reset page. A sample email is shown below:

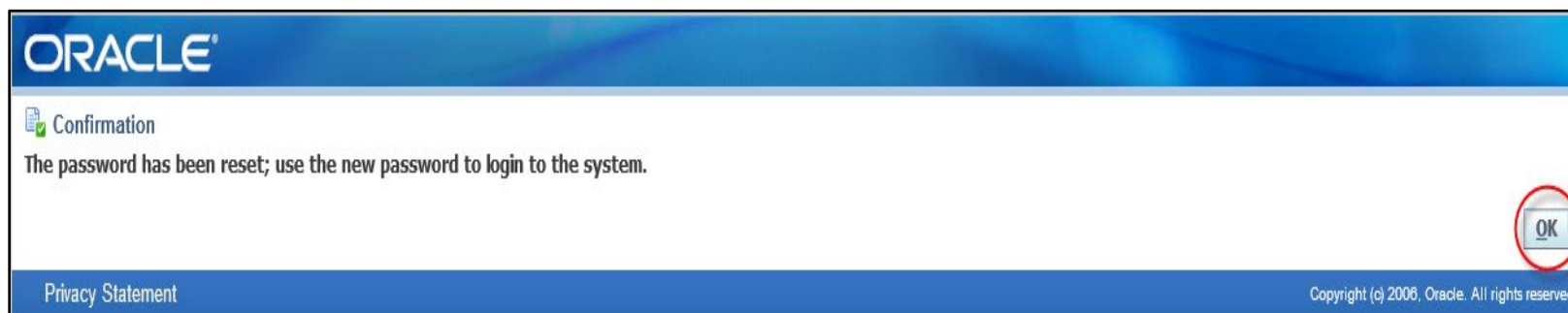


Enter your username (email). Enter and confirm your new password. Click “**Confirm Password**” to proceed.



The screenshot shows the Oracle Password Reset interface. At the top is the Oracle logo and a 'Home Help' link. Below the header, the title 'Reset Password' is followed by a note: '* Indicates required field'. A message states: 'Please enter your username and passwords below. The password you enter below will be used to replace your old password.' The form contains three required fields: '* User Name' with the value 'joes55135@gmail.com', '* Password' with masked characters and a '(5 characters or more)' hint, and '* Confirm Your Password' also with masked characters. A 'Confirm Password' button is located below the confirmation field. At the bottom of the form area is another 'Home Help' link. The footer includes a 'Privacy Statement' link on the left and 'Copyright (c) 2006, Oracle. All rights reserved.' on the right.

The password change confirmation message will appear.



The screenshot shows the Oracle Password Reset Confirmation message. At the top is the Oracle logo. Below it is a green checkmark icon followed by the word 'Confirmation'. The message text reads: 'The password has been reset; use the new password to login to the system.' In the bottom right corner, there is an 'OK' button, which is circled in red. The footer includes a 'Privacy Statement' link on the left and 'Copyright (c) 2006, Oracle. All rights reserved.' on the right.

Click “**OK**” to return to the Login page. You can now log in using your username and new password.

DEC ONLINE PAYMENT SYSTEM



Department of
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Links

There are a variety of links provided for the convenience of the user.

ORACLE[®] NYSFMS MOSF Application
Logout

Customer Name **MOSF TEST OIL DEPOT**
Facility Name **MOSF TEST OIL DEPOT**
Facility Address **1776 Shore Parkway, Brooklyn, NY, 11214**

Customer Num **117155**
License Num **2-1600**

Receive Paper Invoices by Mail No Apply
Please note, by opting out you will no longer receive reports by Mail.

Reports Invoices

Invoice Details

Report Status Search

Pay Invoices

Select	Invoice Num	Report Type	Reporting Period	Report Status	Invoice Due Date	Orig Submission Date	Amount Due	Amount Remaining	Late Payment Fees Unapplied	Comments	Pay Amount
<input type="checkbox"/>	5550000012300	Monthly	FEB-22	SUBMITTED	20-Mar-2022	28-Jun-2022	259.76	259.76	0.00 No		
<input type="checkbox"/>	5550000012301	Monthly	MAR-22	SUBMITTED	20-Apr-2022	28-Jun-2022	409.50	409.50	0.00 No		
Total											0

Take to DEC's Privacy Policy Web Page

Take to DEC's Accessibility for Persons with Disabilities Web Page

Opens DEC's Contact Us Web Page

[DEC Privacy Policy](#) | [Website Accessibility](#) | [DEC Contact Details](#)

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