



**Department of  
Environmental  
Conservation**

# **MOSF ONLINE REPORTING SYSTEM**

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## **ONLINE USER'S GUIDE**

V2.2

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## Introduction:

This online system was developed as a convenience for Major Petroleum License Holders (hereafter termed as customer).

The system is designed to convenience customers through:

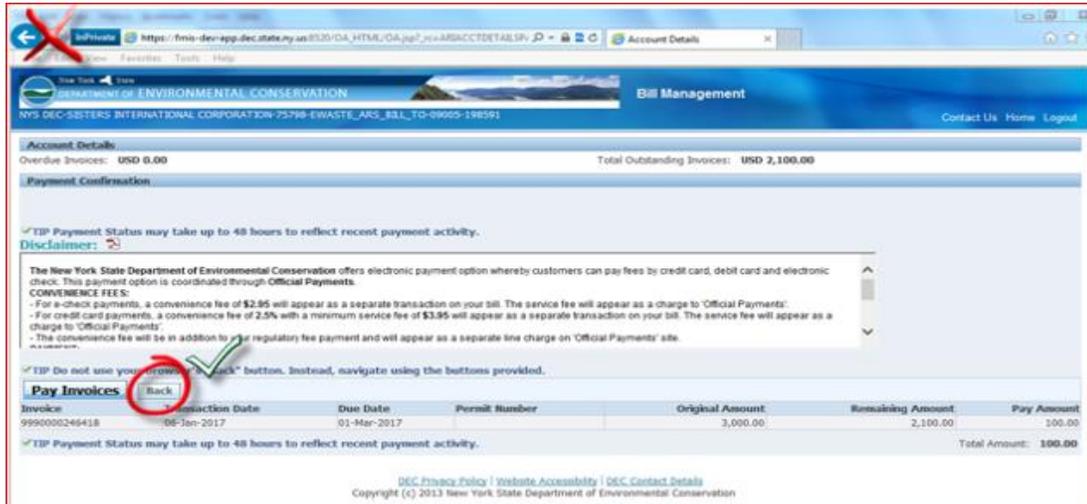
- Avoiding complex fee calculations
- Submitting reports online
- Submitting payments online
- Viewing facility and account level (multi facilities) information
- Printing reports

The system requires customers to create a personal NY.gov account and use those credentials each time when accessing the system.

## Instructions & Assumptions:

1. Initially, a customer will be granted access only to the facility used during the NY.gov ID vetting process. To access additional facilities under the same user, the customer will have to email DEC's Revenue Bureau at [revenue@dec.ny.gov](mailto:revenue@dec.ny.gov) and request additional facilities to be added to their credentials.
2. The terms "Report" and "Invoice" are used by DEC interchangeably to denote the same document.
3. Please verify the information on each webpage of the application. In case of any issue please e-mail DEC's Revenue Bureau at [revenue@dec.ny.gov](mailto:revenue@dec.ny.gov)
4. Currently online users can report data for only one facility at a time.
5. The 'Back to Home Page' button will always bring you back to the Customer search page.
6. TIP messages: Tip messages help you to browse the application uninterrupted.

- Please avoid using the browser back button. Most of the pages have a link/button which takes the customer to the previous page and should be used instead. See below -



- After the work is completed and saved, please log out of the system and close the browser session.

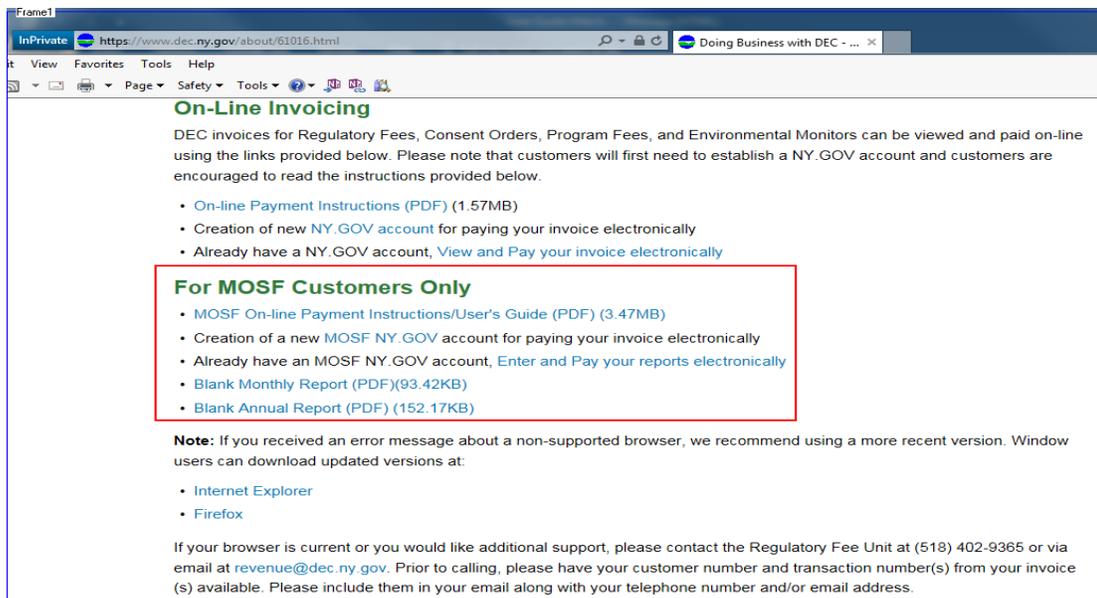
## A. Creating a NY.gov ID

### Note:

1. If you already have a NY.gov ID (step A) and not using for any other DEC online payment program; you can use the same for accessing this system. If so, please jump directly to section '[Customer Identification Validation](#)'.
2. Step 'A' (creating NY.gov id) only needs to be completed once.

### a) User ID creation

1. Visit 'On-Line Invoicing' section on 'Doing Business with DEC' web page <http://www.dec.ny.gov/about/61016.html#On-Line>



**On-Line Invoicing**

DEC invoices for Regulatory Fees, Consent Orders, Program Fees, and Environmental Monitors can be viewed and paid on-line using the links provided below. Please note that customers will first need to establish a NY.GOV account and customers are encouraged to read the instructions provided below.

- [On-line Payment Instructions \(PDF\) \(1.57MB\)](#)
- [Creation of new NY.GOV account for paying your invoice electronically](#)
- [Already have a NY.GOV account, \[View and Pay your invoice electronically\]\(#\)](#)

**For MOSF Customers Only**

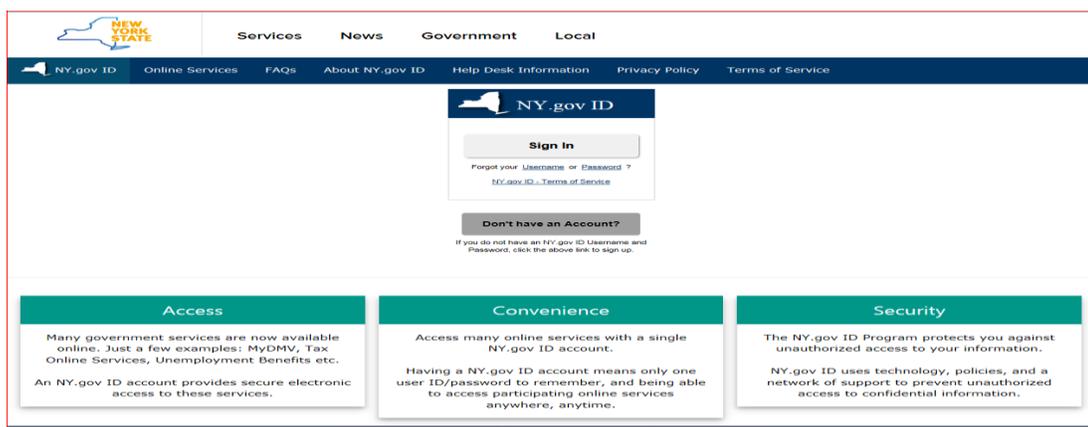
- [MOSF On-line Payment Instructions/User's Guide \(PDF\) \(3.47MB\)](#)
- [Creation of a new MOSF NY.GOV account for paying your invoice electronically](#)
- [Already have an MOSF NY.GOV account, \[Enter and Pay your reports electronically\]\(#\)](#)
- [Blank Monthly Report \(PDF\)\(93.42KB\)](#)
- [Blank Annual Report \(PDF\) \(152.17KB\)](#)

**Note:** If you received an error message about a non-supported browser, we recommend using a more recent version. Window users can download updated versions at:

- [Internet Explorer](#)
- [Firefox](#)

If your browser is current or you would like additional support, please contact the Regulatory Fee Unit at (518) 402-9365 or via email at [revenue@dec.ny.gov](mailto:revenue@dec.ny.gov). Prior to calling, please have your customer number and transaction number(s) from your invoice (s) available. Please include them in your email along with your telephone number and/or email address.

2. Click on the link 'Creation of new MOSF NY.GOV account' link. The following page would be displayed



**NY.gov ID**

[Sign In](#)

[Forgot your Username or Password?](#)

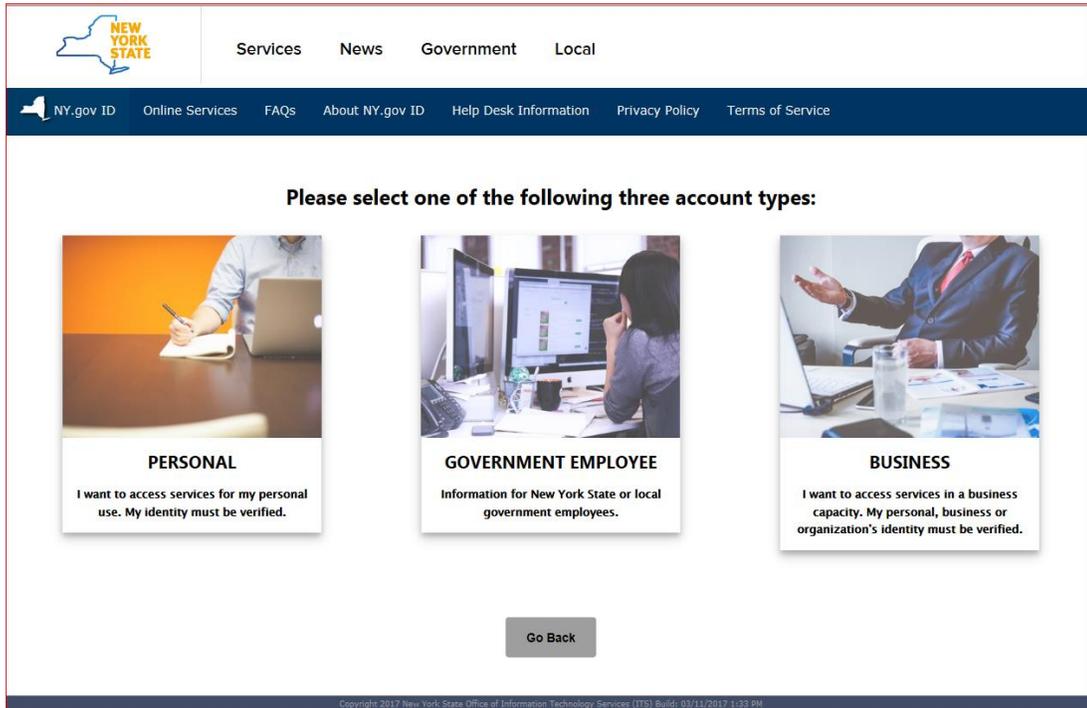
[NY.gov ID - Terms of Service](#)

[Don't have an Account?](#)

If you do not have an NY.gov ID Username and Password, click the above link to sign up.

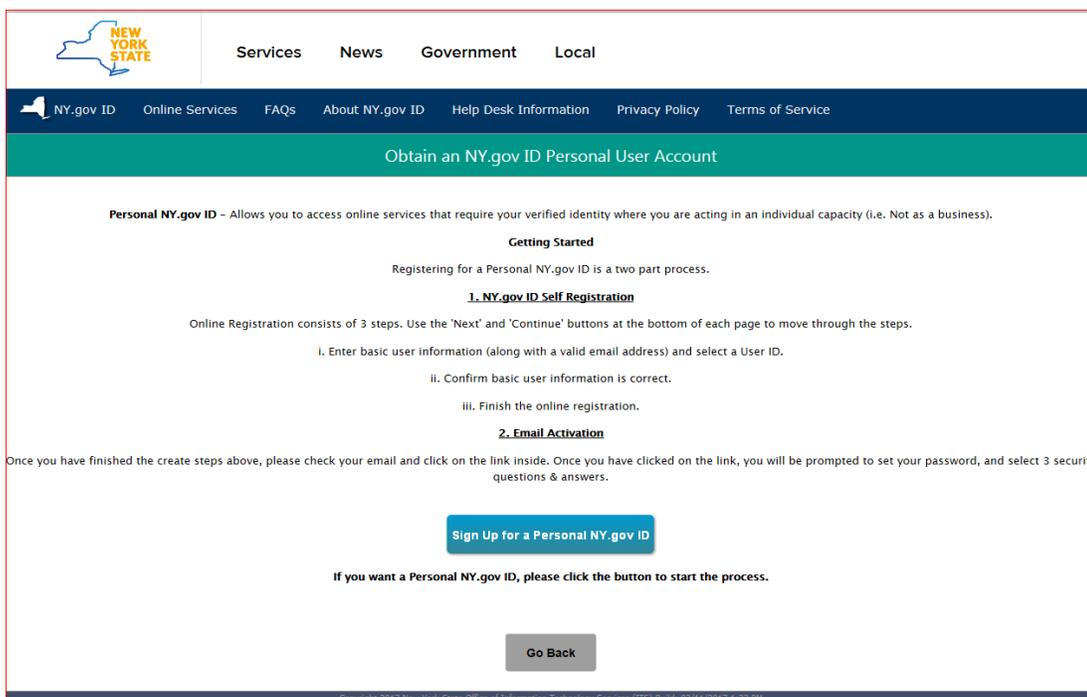
Access	Convenience	Security
Many government services are now available online. Just a few examples: MyDMV, Tax Online Services, Unemployment Benefits etc. An NY.gov ID account provides secure electronic access to these services.	Access many online services with a single NY.gov ID account. Having a NY.gov ID account means only one user ID/password to remember, and being able to access participating online services anywhere, anytime.	The NY.gov ID Program protects you against unauthorized access to your information. NY.gov ID uses technology, policies, and a network of support to prevent unauthorized access to confidential information.

3. Click 'Don't have an Account' button. Following page is displayed.



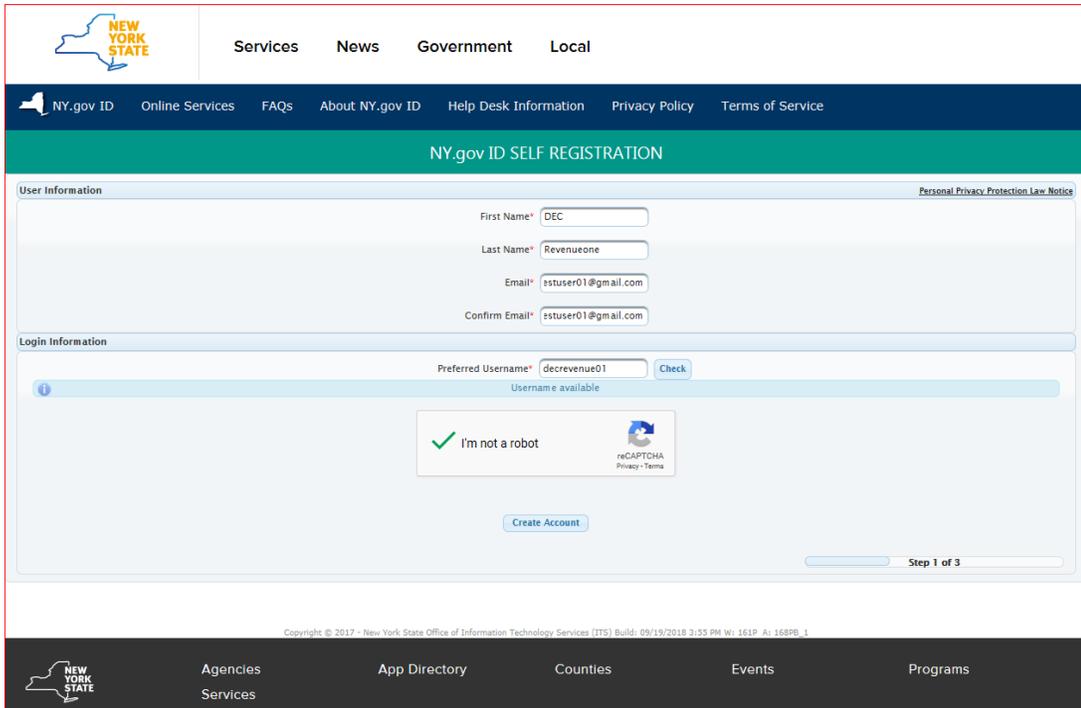
The screenshot shows the account selection page. At the top left is the New York State logo. A navigation bar contains 'Services', 'News', 'Government', and 'Local'. Below this is a dark blue bar with links: 'NY.gov ID', 'Online Services', 'FAQs', 'About NY.gov ID', 'Help Desk Information', 'Privacy Policy', and 'Terms of Service'. The main content area has the heading 'Please select one of the following three account types:'. There are three cards: 'PERSONAL' (with an image of a person writing), 'GOVERNMENT EMPLOYEE' (with an image of a person at a computer), and 'BUSINESS' (with an image of a person in a suit). Each card has a brief description of the account type. At the bottom center is a 'Go Back' button. The footer contains copyright information: 'Copyright 2017 New York State Office of Information Technology Services (ITS) Build: 03/11/2017 1:33 PM'.

4. Click 'Personal' account type.



The screenshot shows the 'Obtain an NY.gov ID Personal User Account' page. It features the same header and navigation as the previous page. The main heading is 'Obtain an NY.gov ID Personal User Account'. Below this, it explains that a Personal NY.gov ID allows access to online services requiring verified identity in an individual capacity. It includes a 'Getting Started' section stating that registration is a two-part process. The first part is '1. NY.gov ID Self Registration', which consists of three steps: i. Enter basic user information (with a valid email address) and select a User ID; ii. Confirm basic user information is correct; iii. Finish the online registration. The second part is '2. Email Activation', where users check their email for a link to set their password and answer security questions. A prominent blue button labeled 'Sign Up for a Personal NY.gov ID' is centered on the page. Below the button, it says 'If you want a Personal NY.gov ID, please click the button to start the process.' At the bottom center is a 'Go Back' button. The footer contains the same copyright information as the previous page.

- Click 'Sign Up for a Personal NY.gov ID' button and fill in the requested information.

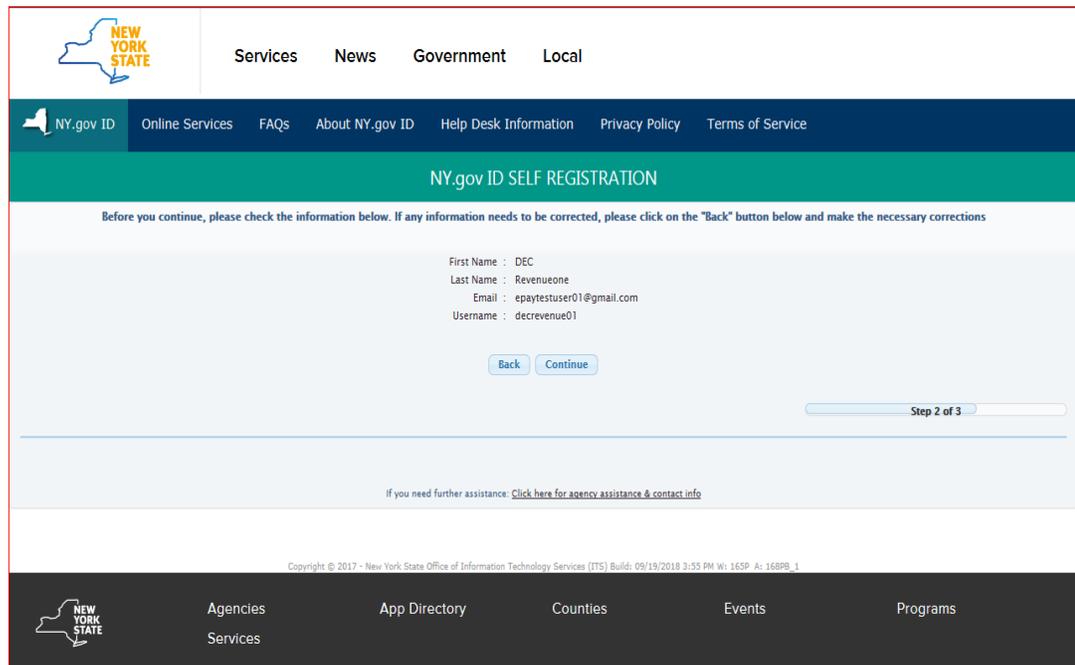


The screenshot shows the 'NY.gov ID SELF REGISTRATION' page at Step 1 of 3. The form is titled 'User Information' and 'Login Information'. It contains the following fields and elements:

- User Information:**
  - First Name\*: DEC
  - Last Name\*: Revenueone
  - Email\*: estuser01@gmail.com
  - Confirm Email\*: estuser01@gmail.com
- Login Information:**
  - Preferred Username\*: decrevenue01
  - Check button
  - Message: Username available
  - I'm not a robot CAPTCHA
  - Create Account button

At the bottom right, there is a progress indicator for 'Step 1 of 3'. The footer includes copyright information: 'Copyright © 2017 - New York State Office of Information Technology Services (ITS) Build: 09/19/2018 3:53 PM W: 161P A: 168PB\_1'.

- After entering the User Information and Login Information, click 'Create Account' button.

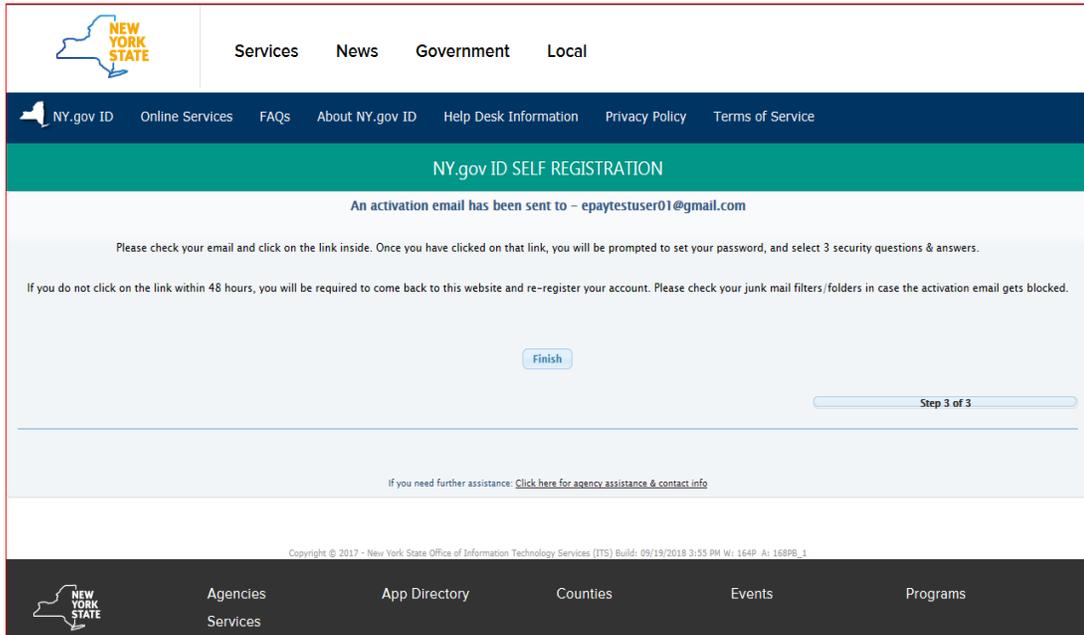


The screenshot shows the 'NY.gov ID SELF REGISTRATION' page at Step 2 of 3. The form displays the entered information for review:

- First Name : DEC
- Last Name : Revenueone
- Email : epaytestuser01@gmail.com
- Username : decrevenue01

At the bottom of the form, there are 'Back' and 'Continue' buttons. A progress indicator shows 'Step 2 of 3'. Below the form, there is a link: 'If you need further assistance: [Click here for agency assistance & contact info](#)'. The footer includes copyright information: 'Copyright © 2017 - New York State Office of Information Technology Services (ITS) Build: 09/19/2018 3:55 PM W: 165P A: 168PB\_1'.

7. Click 'Continue' button

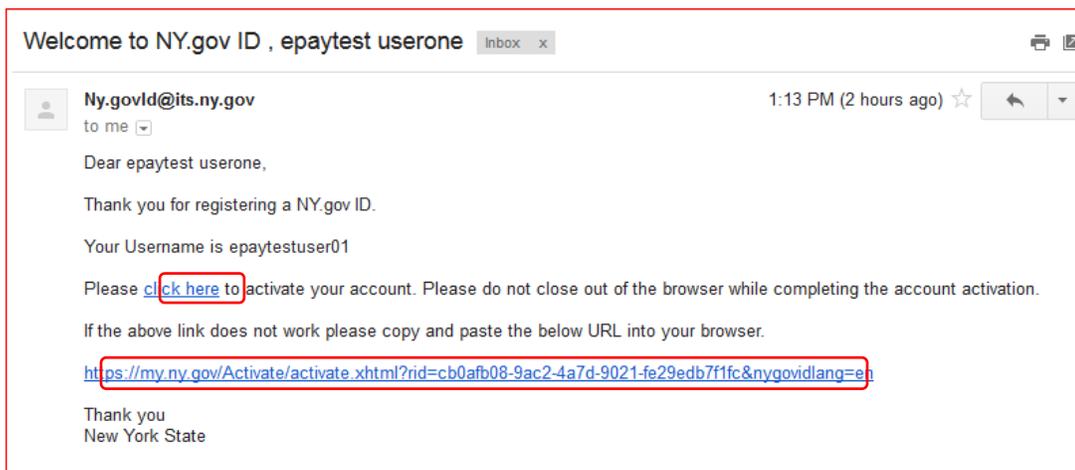


8. Click 'Finish' button to complete the username creation process. This will return to the screen shown in step 2 above.

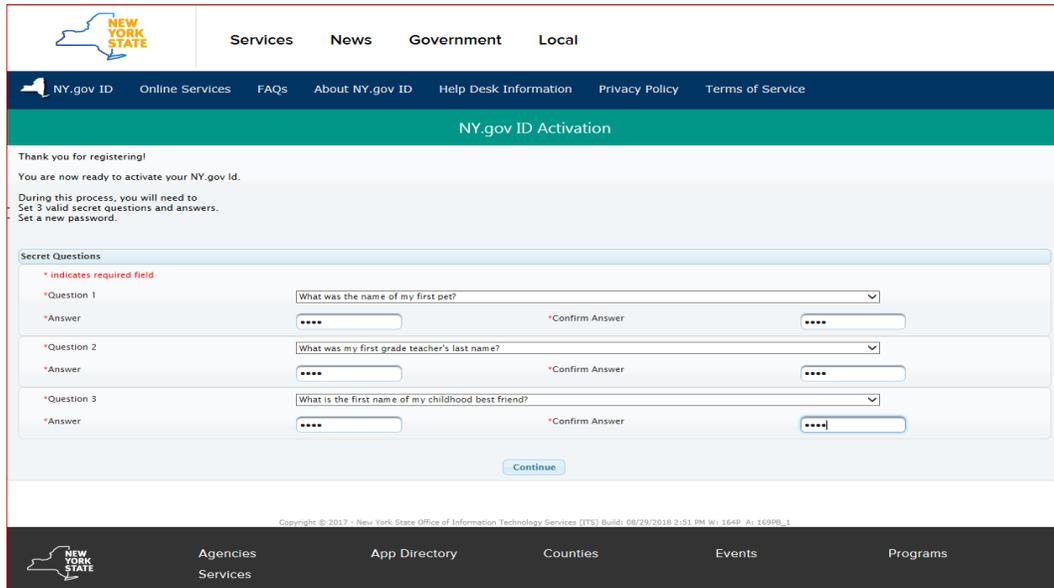
9. **Close the browser.**

10. An email is sent by NY.gov ID to the email address provided in the User Information section as indicated above.

11. Open the email received from NY.gov ID. It appears as follows.



12. Click 'Click Here' link in the email or copy and paste the URL given in the browser. Answer the security questions.



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### NY.gov ID Activation

Thank you for registering!  
You are now ready to activate your NY.gov ID.

During this process, you will need to

- Set 3 valid secret questions and answers.
- Set a new password.

Secret Questions

\* indicates required field

\*Question 1: What was the name of my first pet?  
 \*Answer: [input field] \*Confirm Answer: [input field]

\*Question 2: What was my first grade teacher's last name?  
 \*Answer: [input field] \*Confirm Answer: [input field]

\*Question 3: What is the first name of my childhood best friend?  
 \*Answer: [input field] \*Confirm Answer: [input field]

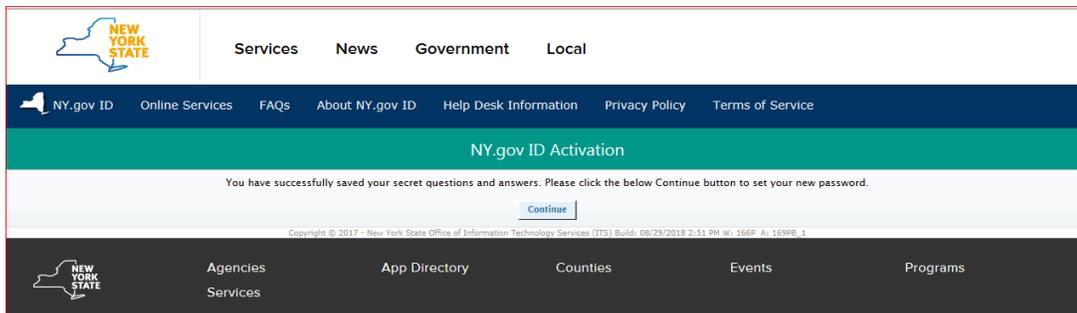
[Continue](#)

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13. Click 'Continue' button.



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### NY.gov ID Activation

You have successfully saved your secret questions and answers. Please click the below Continue button to set your new password.

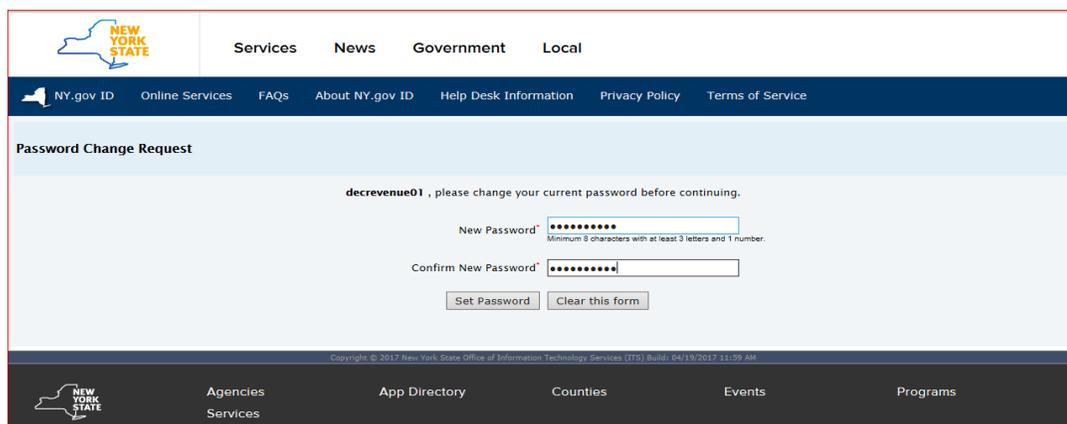
[Continue](#)

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14. Click 'Continue' button. You will now be asked to set your password.



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### Password Change Request

decrevenue01, please change your current password before continuing.

New Password\* [input field]  
Minimum 8 characters with at least 3 letters and 1 number.

Confirm New Password\* [input field]

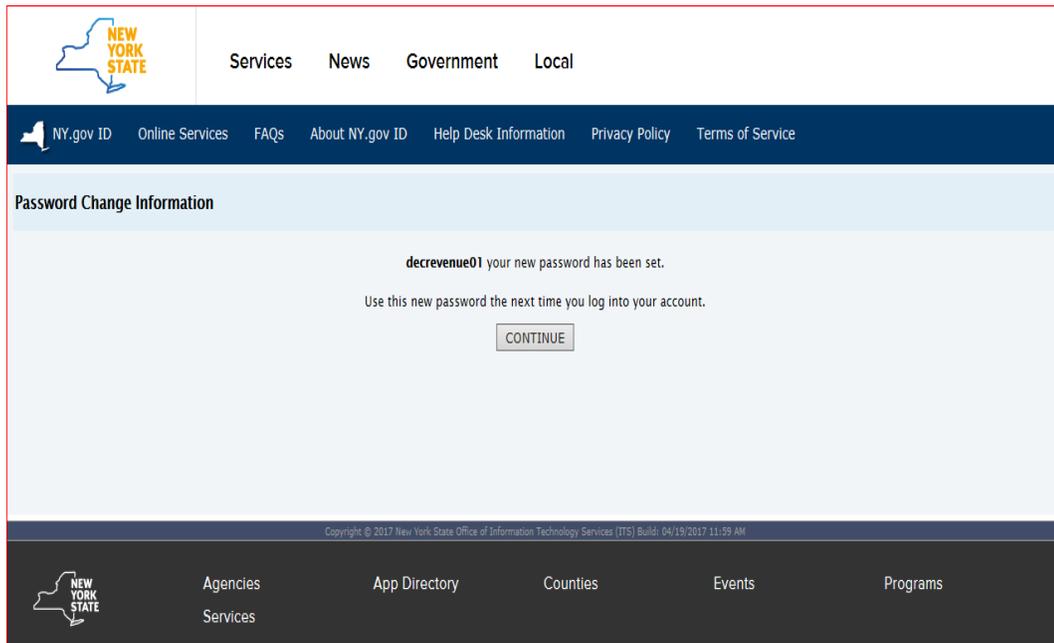
[Set Password](#) [Clear this form](#)

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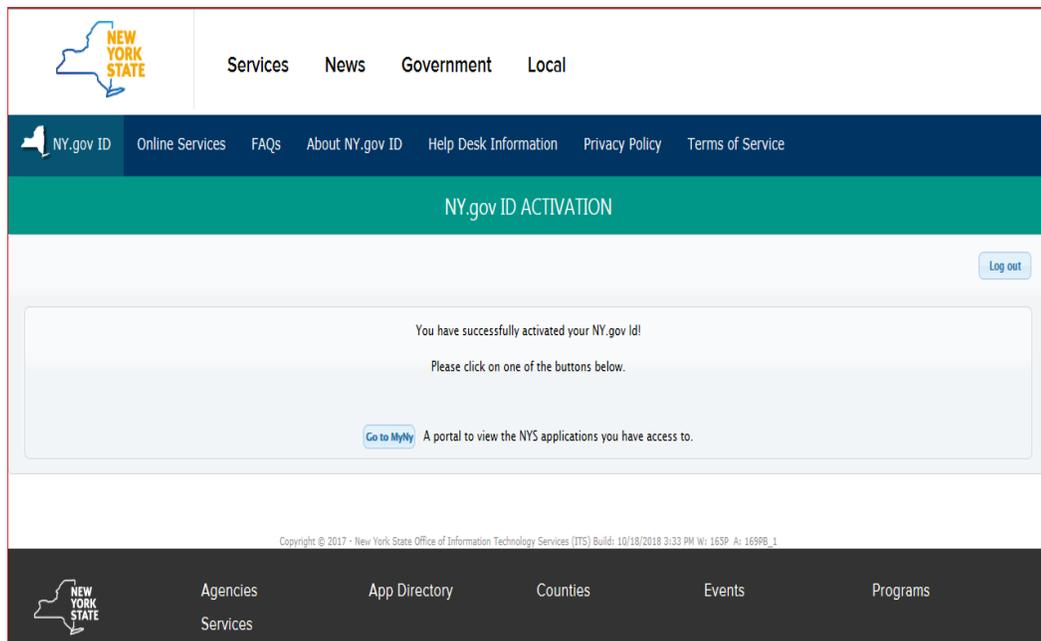
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15. Click 'Set Password' button.



The screenshot shows the 'Password Change Information' page on NY.gov. The page header includes the New York State logo and navigation links for Services, News, Government, and Local. A dark blue navigation bar contains links for NY.gov ID, Online Services, FAQs, About NY.gov ID, Help Desk Information, Privacy Policy, and Terms of Service. The main content area has a light blue background and displays the message: 'decrevenue01 your new password has been set. Use this new password the next time you log into your account.' Below the message is a 'CONTINUE' button. The footer contains the New York State logo and links for Agencies, App Directory, Counties, Events, Programs, and Services. A copyright notice at the bottom reads: 'Copyright © 2017 New York State Office of Information Technology Services (ITS) Build: 04/19/2017 11:59 AM'.

16. Click 'CONTINUE' button to finish NY.gov ID activation process.

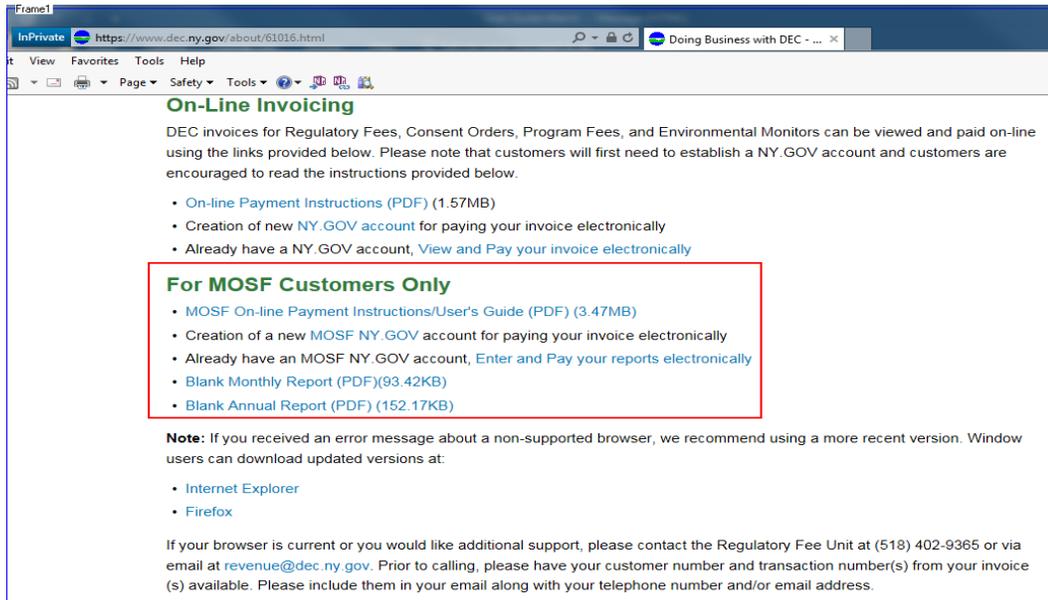


The screenshot shows the 'NY.gov ID ACTIVATION' success page. The page header is identical to the previous screenshot. The dark blue navigation bar is also present. The main content area has a teal header with the text 'NY.gov ID ACTIVATION'. Below this, there is a 'Log out' button in the top right corner. The main message reads: 'You have successfully activated your NY.gov Id! Please click on one of the buttons below.' Below the message is a 'Go to MyNY' button with the text 'A portal to view the NYS applications you have access to.' The footer is identical to the previous screenshot, including the New York State logo and various navigation links. A copyright notice at the bottom reads: 'Copyright © 2017 - New York State Office of Information Technology Services (ITS) Build: 10/18/2018 3:33 PM W: 165P A: 169PB\_1'.

17. Close the browser.

## a) Customer Identification Validation

1. Visit 'On-Line Invoicing' section on 'Doing Business with DEC' web page  
<http://www.dec.ny.gov/about/61016.html#On-Line>



**On-Line Invoicing**

DEC invoices for Regulatory Fees, Consent Orders, Program Fees, and Environmental Monitors can be viewed and paid on-line using the links provided below. Please note that customers will first need to establish a NY.GOV account and customers are encouraged to read the instructions provided below.

- [On-line Payment Instructions \(PDF\) \(1.57MB\)](#)
- [Creation of new NY.GOV account for paying your invoice electronically](#)
- [Already have a NY.GOV account, \[View and Pay your invoice electronically\]\(#\)](#)

**For MOSF Customers Only**

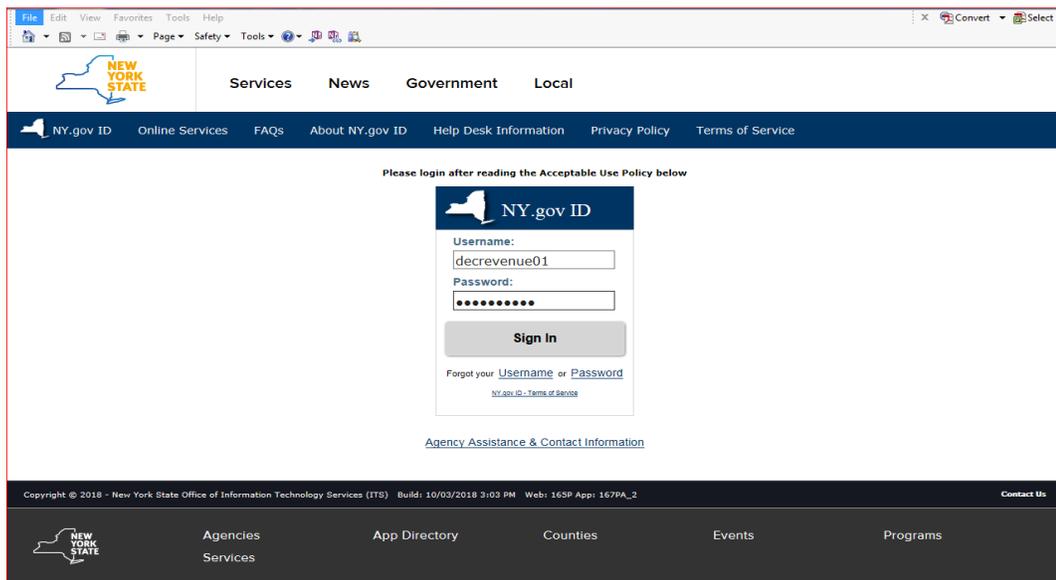
- [MOSF On-line Payment Instructions/User's Guide \(PDF\) \(3.47MB\)](#)
- [Creation of a new MOSF NY.GOV account for paying your invoice electronically](#)
- [Already have an MOSF NY.GOV account, \[Enter and Pay your reports electronically\]\(#\)](#)
- [Blank Monthly Report \(PDF\)\(93.42KB\)](#)
- [Blank Annual Report \(PDF\) \(152.17KB\)](#)

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If your browser is current or you would like additional support, please contact the Regulatory Fee Unit at (518) 402-9365 or via email at [revenue@dec.ny.gov](mailto:revenue@dec.ny.gov). Prior to calling, please have your customer number and transaction number(s) from your invoice (s) available. Please include them in your email along with your telephone number and/or email address.

2. Click on the 'Enter and Pay your reports electronically' link. Enter the NY.gov ID and password.



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Please login after reading the [Acceptable Use Policy](#) below

**NY.gov ID**

Username:

Password:

**Sign In**

Forgot your [Username](#) or [Password](#)  
[NY.gov ID - Terms of Service](#)

[Agency Assistance & Contact Information](#)

Copyright © 2018 - New York State Office of Information Technology Services (ITS) Build: 10/03/2018 3:03 PM Web: 165P App: 167PA\_2 [Contact Us](#)

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**Note:** Next steps (3 to 6) are applicable to only those users who have a Personal NY.gov ID and are logging into DEC online payment system for the first time.

Returning users will be sent directly to [‘View and Pay your invoice electronically: Section C; step2’](#)

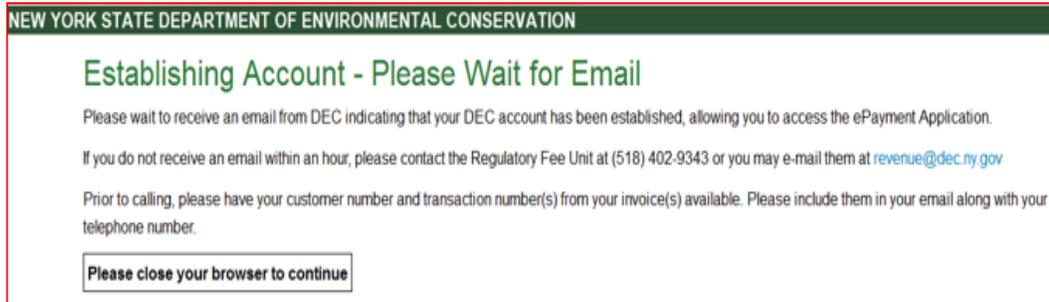
3. Click ‘Sign In’ button. Enter the customer number and invoice number from the recent MOSF invoice you have received from DEC.



The screenshot shows a web browser window titled "ATV-Request". The page content includes the following text and form elements:

- Header: "ATV-Request" with window control buttons.
- Instructions: "Complete process request. \* - indicates required."
- Section: "Form Detail"
- Text: "Input Customer Number and Invoice Number. Press 'Submit' to continue."
- Form fields:
  - Recipient: DEC Revenueone
  - Customer Number: [12345]
  - Invoice Number: [1122334455667] x
- Submit button: "Submit"

4. Click ‘Submit’ button. Following message is displayed.



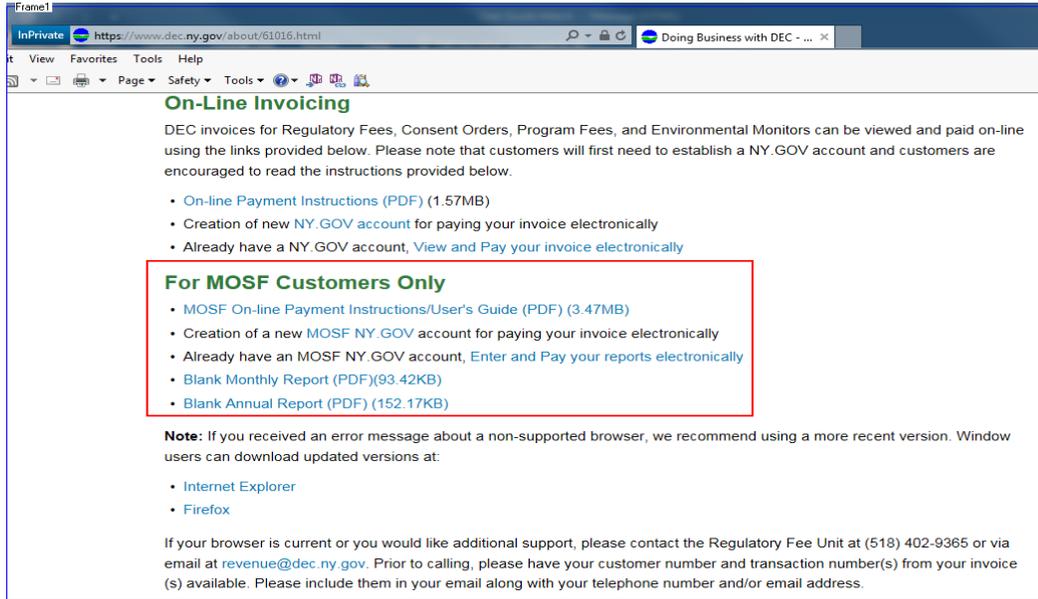
The screenshot shows a message from the New York State Department of Environmental Conservation. The message content is as follows:

- Header: "NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION"
- Section: "Establishing Account - Please Wait for Email"
- Text: "Please wait to receive an email from DEC indicating that your DEC account has been established, allowing you to access the ePayment Application."
- Text: "If you do not receive an email within an hour, please contact the Regulatory Fee Unit at (518) 402-9343 or you may e-mail them at [revenue@dec.ny.gov](mailto:revenue@dec.ny.gov)"
- Text: "Prior to calling, please have your customer number and transaction number(s) from your invoice(s) available. Please include them in your email along with your telephone number."
- Button: "Please close your browser to continue"

5. **Close the browser.** You will shortly receive an email from DEC indicating that your account has been validated. Please check your SPAM/Junk email folder as some email rules may forward this type of email to that folder. If you have not received an email within an hour, please contact the Regulatory Fee Unit at (518) 402-9343 or you may e-mail them at: [revenue@dec.ny.gov](mailto:revenue@dec.ny.gov).

## B. Accessing facility account

1. Visit 'On-Line Invoicing' section on 'Doing Business with DEC' web page  
<http://www.dec.ny.gov/about/61016.html#On-Line>



**On-Line Invoicing**

DEC invoices for Regulatory Fees, Consent Orders, Program Fees, and Environmental Monitors can be viewed and paid on-line using the links provided below. Please note that customers will first need to establish a NY.GOV account and customers are encouraged to read the instructions provided below.

- On-line Payment Instructions (PDF) (1.57MB)
- Creation of new NY.GOV account for paying your invoice electronically
- Already have a NY.GOV account, [View and Pay your invoice electronically](#)

**For MOSF Customers Only**

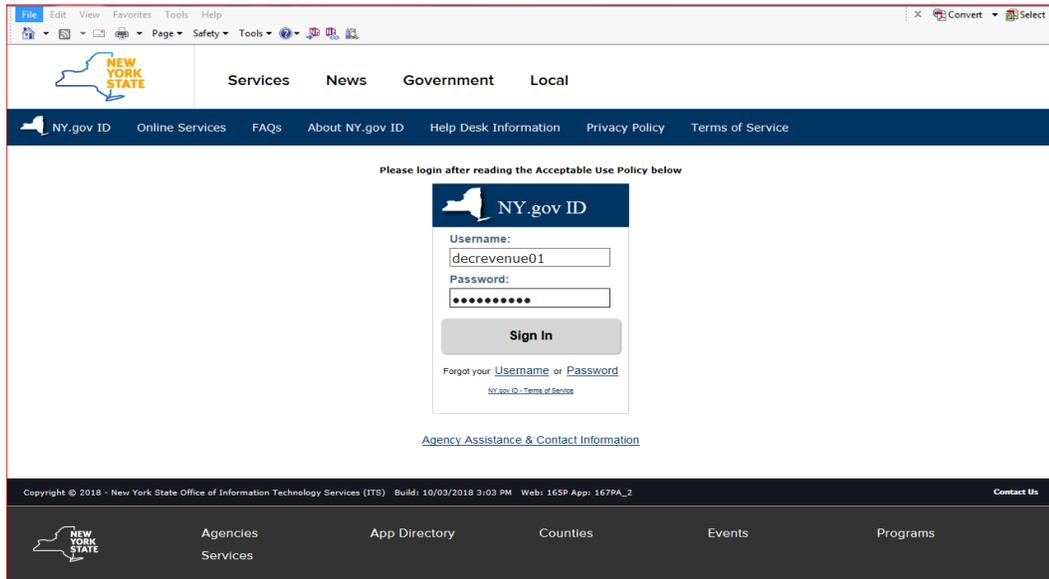
- MOSF On-line Payment Instructions/User's Guide (PDF) (3.47MB)
- Creation of a new MOSF NY.GOV account for paying your invoice electronically
- Already have an MOSF NY.GOV account, [Enter and Pay your reports electronically](#)
- Blank Monthly Report (PDF)(93.42KB)
- Blank Annual Report (PDF) (152.17KB)

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2. Click the link 'View and Pay invoices. It will open the login page. Enter the NY.gov ID and password.



File Edit View Favorites Tools Help

Convert Select

NEW YORK STATE

Services News Government Local

NY.gov ID Online Services FAQs About NY.gov ID Help Desk Information Privacy Policy Terms of Service

Please login after reading the Acceptable Use Policy below

NEW YORK STATE NY.gov ID

Username:  
decrevenue01

Password:  
\*\*\*\*\*

Sign In

Forgot your [Username](#) or [Password](#)  
[NY.gov ID - Terms of Service](#)

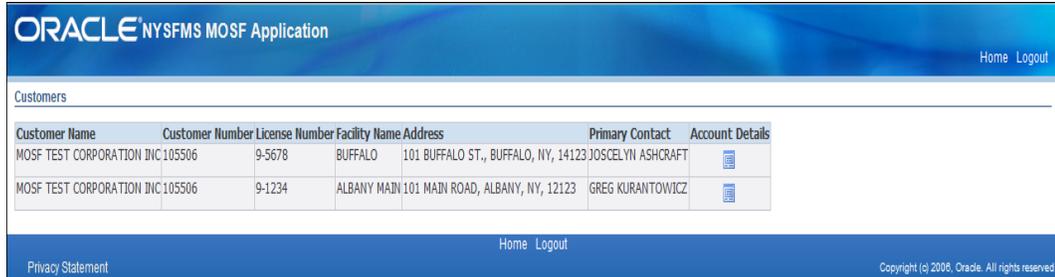
[Agency Assistance & Contact Information](#)

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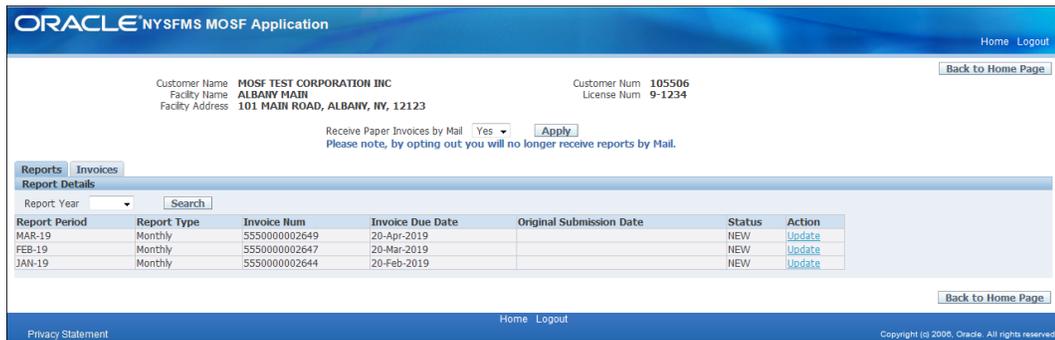
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3. You will then see one of the following pages:
- a) If you have access to multiple facilities information,
    - i. The customer search page will display all facilities.



Customer Name	Customer Number	License Number	Facility Name	Address	Primary Contact	Account Details
MOSF TEST CORPORATION INC	105506	9-5678	BUFFALO	101 BUFFALO ST., BUFFALO, NY, 14123	JOSCELYN ASHCRAFT	<a href="#">Account Details</a>
MOSF TEST CORPORATION INC	105506	9-1234	ALBANY MAIN	101 MAIN ROAD, ALBANY, NY, 12123	GREG KURANTOWICZ	<a href="#">Account Details</a>

- ii. After verifying data, click the Account Details link of the facility of which information is to be accessed. It will display report page.



Customer Name: **MOSF TEST CORPORATION INC**  
 Facility Name: **ALBANY MAIN**  
 Facility Address: **101 MAIN ROAD, ALBANY, NY, 12123**

Customer Num: **105506**  
 License Num: **9-1234**

Receive Paper Invoices by Mail: Yes  [Apply](#)  
 Please note, by opting out you will no longer receive reports by Mail.

Report Period	Report Type	Invoice Num	Invoice Due Date	Original Submission Date	Status	Action
MAR-19	Monthly	555000002649	20-Apr-2019		NEW	<a href="#">Update</a>
FEB-19	Monthly	555000002647	20-Mar-2019		NEW	<a href="#">Update</a>
JAN-19	Monthly	555000002644	20-Feb-2019		NEW	<a href="#">Update</a>

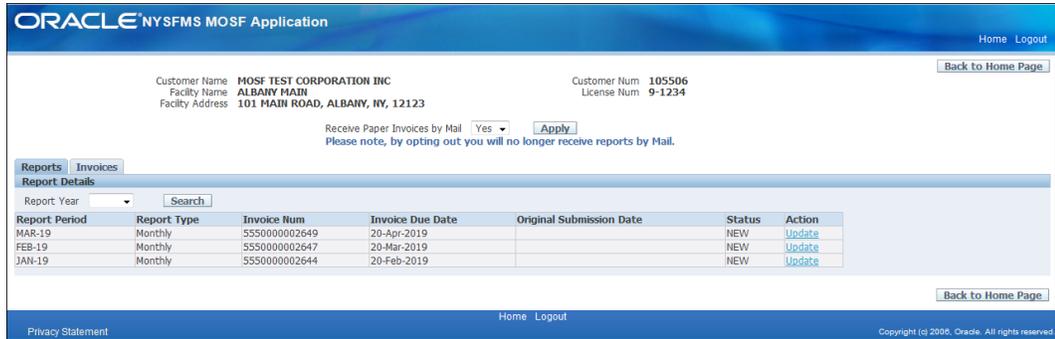
**NOTE:** The screen shot shown is for demonstration purpose only. Generally, it is expected that just the current report is in 'NEW' or 'SAVED' status.

- b) If you have access to just one facility, after entering credentials you will be taken directly to the page shown above (3.a.ii).

## C. Fill Out and Submit Report

**\*NOTE\*:** Throughout the document Monthly type report is used to demonstrate processes. Annual report can be considered as filing twelve reports together. There is NO difference in processing Annual and Monthly reports.

1. Click 'Update' action of the report to be filled in.



**ORACLE<sup>®</sup> NYSFMS MOSF Application** Home Logout

Customer Name **MOSF TEST CORPORATION INC** Customer Num **105506**  
 Facility Name **ALBANY MAIN** License Num **9-1234**  
 Facility Address **101 MAIN ROAD, ALBANY, NY, 12123**

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

**Reports** Invoices

Report Details

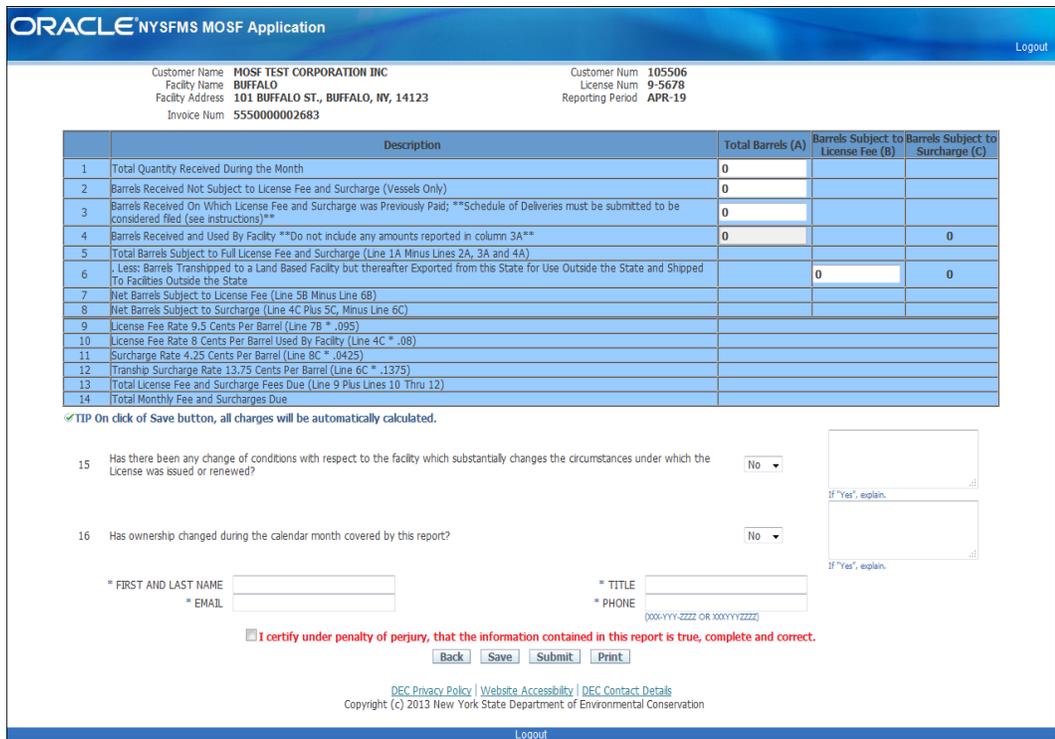
Report Year  Search

Report Period	Report Type	Invoice Num	Invoice Due Date	Original Submission Date	Status	Action
MAR-19	Monthly	555000002649	20-Apr-2019		NEW	<a href="#">Update</a>
FEB-19	Monthly	555000002647	20-Mar-2019		NEW	<a href="#">Update</a>
JAN-19	Monthly	555000002644	20-Feb-2019		NEW	<a href="#">Update</a>

Home Logout

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2. It opens the blank report page. Note that, out of first fourteen items, the user is allowed only to enter 1,2,3,4, and 6 only. The other items are read-only because they are auto-calculated.



**ORACLE<sup>®</sup> NYSFMS MOSF Application** Logout

Customer Name **MOSF TEST CORPORATION INC** Customer Num **105506**  
 Facility Name **BUFFALO** License Num **9-5678**  
 Facility Address **101 BUFFALO ST., BUFFALO, NY, 14123** Reporting Period **APR-19**  
 Invoice Num **555000002683**

	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-yy-zzzz OR xxxxyzzzz)

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

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Logout

3. Enter information

a) Enter the appropriate amounts against the eligible item numbers.

**Note: Only positive, whole numbers (including zero) are allowed.**

b) If the answer to the questions 15 and/or 16 is 'Yes', enter information in the explanation box.

c) Enter preparers information.

d) Click 'Save' button. The information will be saved to the system and all the fees will be calculated. The confirmation message is shown on the top left corner.

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

Customer Name **MOSF TEST CORPORATION INC**  
 Facility Name **BUFFALO**  
 Facility Address **101 BUFFALO ST., BUFFALO, NY,  
 14123**  
 Invoice Num **555000002683**

Customer Num **105506**  
 License Num **9-5678**  
 Reporting Period **APR-19**

	Description	Total Barrels (A)	Barrels Subject to License Fee (B)	Barrels Subject to Surcharge (C)
1	Total Quantity Received During the Month	12345		
2	Barrels Received Not Subject to License Fee and Surcharge (Vessels Only)	123		
3	Barrels Received On Which License Fee and Surcharge was Previously Paid; **Schedule of Deliveries must be submitted to be considered filed (see instructions)**	456		
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)	11766	11766	11766
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		125	125
7	Net Barrels Subject to License Fee (Line 5B Minus Line 6B)		11641	
8	Net Barrels Subject to Surcharge (Line 4C Plus 5C, Minus Line 6C)			11641
9	License Fee Rate 9.5 Cents Per Barrel (Line 7B * .095)		1,105.90	
10	License Fee Rate 8 Cents Per Barrel Used By Facility (Line 4C * .08)		0.00	
11	Surcharge Rate 4.25 Cents Per Barrel (Line 8C * .0425)		494.74	
12	Tranship Surcharge Rate 13.75 Cents Per Barrel (Line 6C * .1375)		17.19	
13	Total License Fee and Surcharge Fees Due (Line 9 Plus Lines 10 Thru 12)		1,617.83	
14	Total Monthly Fee and Surcharges Due		1,617.83	

 **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.

**NOTE:**

- a) If any of the mandatory fields are NOT filled in, an error message is shown in the top left corner.
- b) If there are multiple errors, they are shown one at a time. Next error is shown after the previous one is fixed. (as shown below).

Error  
Error - Decimals or Negative values are not allowed!

Customer Name **MOSF TEST CORPORATION INC**      Customer Num **105506**  
 Facility Name **BUFFALO**      License Num **9-5678**  
 Facility Address **101 BUFFALO ST., BUFFALO, NY, 14123**      Reporting Period **APR-19**  
 Invoice Num **555000002683**

	Description	Total Barrels (A)	Barrels Subject to License Fee (B)	Barrels Subject to Surcharge (C)
1	Total Quantity Received During the Month	12345		
2	Barrels Received Not Subject to License Fee and Surcharge (Vessels Only)	173		
3	Barrels Received On Which License Fee and Surcharge was Previously Paid; **Schedule of Deliveries must be submitted to be considered filed (see instructions)**	-456		
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		-125	-125
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.

e) An annual report would look like as below -

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

Customer Name **MOSF VESSEL CORPORATION INC. 03**      Customer Num **105451**  
 Facility Name      License Num **2-8887**  
 Facility Address **2015 RICHMOND TERRACE, STATEN ISLAND, NY, 10302**      Reporting Period **2018**  
 Invoice Num **555000002444**      Post Mark Date

		APR-18	MAY-18	JUN-18	JUL-18	AUG-18	SEP-18	OCT-18	NOV-18	DEC-18	JAN-19	FEB-19	MAR-19
TOTAL QUANTITY RECEIVED	A	5000	5500	6000		1500	2500	3500			2000	3000	4000
BARRELS NOT SUBJECT TO LICENSE FEE AND SURCHARGE (VESSELS ONLY)	B	0	0	0	0	0	0	0	0	0	0	0	0
BARRELS RECEIVED LICENSE FEE AND SURCHARGE PREVIOUSLY PAID	C	4500	5000	5000		1250	1500	3300			1800	2000	3500
BARRELS RECEIVED AND USED BY FACILITY (Donot include any amounts from column C)	D		200									500	
TOTAL BARRELS SUBJECT TO LICENSE FEE AND SURCHARGE (A-B-C-D)	E	500	300	1000	0	250	1000	200	0	0	200	500	500
BARRELS TRANSHIPPED IN THEN SHIPPED OUT OF STATE	F			200			500						
NET BARRELS SUBJECT TO LICENSE FEE (E-F)	G	500	300	800	0	250	500	200	0	0	200	500	500
NET BARRELS SUBJECT TO SURCHARGE (D+E-F)	H	500	500	800	0	250	500	200	0	0	200	1000	500
LICENSE FEE RATE 9.5 CENTS (G * .095)	I	47.50	28.50	76.00	0.00	23.75	47.50	19.00	0.00	0.00	19.00	47.50	47.50
LICENSE FEE RATE 8.0 CENTS (D * .08)	J	0.00	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00	0.00
SURCHARGE RATE 4.25 CENTS (H * .0425)	K	21.25	21.25	34.00	0.00	10.63	21.25	8.50	0.00	0.00	8.50	42.50	21.25
TRANSHIP SURCHARGE RATE 13.75 CENTS (F * .1375)	L	0.00	0.00	27.50	0.00	0.00	68.75	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL LICENSE FEE AND SURCHARGE FEES DUE (I+J+K+L)	M	68.75	65.75	137.50	0.00	34.38	137.50	27.50	0.00	0.00	27.50	130.00	68.75

Total Due **697.63**

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

1 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  Yes

2 Has ownership changed during the calendar month covered by this report?  No  Yes

\* FIRST AND LAST NAME       \* TITLE   
 \* EMAIL       \* PHONE

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

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4. Printing the Report:

- a) Once the report is saved, the report can be printed for your records. Click the 'Print' button situated at the bottom of the page.

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

<p>Customer Name <b>MOSF TEST CORPORATION INC</b>            Facility Name <b>BUFFALO</b>            Facility Address <b>101 BUFFALO ST., BUFFALO, NY,            14123</b>            Invoice Num <b>555000002683</b></p>	<p>Customer Num <b>105506</b>            License Num <b>9-5678</b>            Reporting Period <b>APR-19</b></p>
--	--

#	Description	Total Barrels (A)	Barrels Subject to License Fee (B)	Barrels Subject to Surcharge (C)
1	Total Quantity Received During the Month	12345		
2	Barrels Received Not Subject to License Fee and Surcharge (Vessels Only)	123		
3	Barrels Received On Which License Fee and Surcharge was Previously Paid; **Schedule of Deliveries must be submitted to be considered filed (see instructions)**	456		
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)	11766	11766	11766
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		125	125
7	Net Barrels Subject to License Fee (Line 5B Minus Line 6B)		11641	
8	Net Barrels Subject to Surcharge (Line 4C Plus 5C, Minus Line 6C)			11641
9	License Fee Rate 9.5 Cents Per Barrel (Line 7B * .095)		1,105.90	
10	License Fee Rate 8 Cents Per Barrel Used By Facility (Line 4C * .08)		0.00	
11	Surcharge Rate 4.25 Cents Per Barrel (Line 8C * .0425)		494.74	
12	Tranship Surcharge Rate 13.75 Cents Per Barrel (Line 6C * .1375)		17.19	
13	Total License Fee and Surcharge Fees Due (Line 9 Plus Lines 10 Thru 12)		1,617.83	
14	Total Monthly Fee and Surcharges Due		1,617.83	

✓ 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.

- b) This will start a process to generate a printable report.

**NOTE:** This process might take some time. DO NOT close the application or carry out any other activity (i.e. submitting report, going back etc.).

- c) At the end of the process, an Adobe (pdf) document is generated with the data entered (Monthly report is a two-page document while annual report has four pages).

	<b>Department of Environmental Conservation</b>	<b>MAJOR PETROLEUM LICENSE FEE MONTHLY REPORT</b>	
License No: 9-5678	Invoice Number: 555000002683	Account Number: 105506	
<b>Facility Address:</b>		<b>Remit To:</b>	
MOSF TEST CORPORATION INC 101 BUFFALO ST. BUFFALO, NY 14123		NYS Department of Environmental Conservation Regulatory Fee Unit, Oil Spill 625 Broadway Albany, New York 12233-5013  <b>(PAY AMOUNT DUE ON LINES 13 &amp; 14 IN FULL Make checks Payable to: NYS Dept. of Environmental Conservation Payment must be included with Report)</b>	
<p>Make any changes necessary to correct name or address but do not erase. Your Federal Identification Number should always be referred to when corresponding with this Department.</p> <p><b>IMPORTANT: READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING RETURN - Answer ALL Items 1 thru 17 below.</b></p>			
REPORT FOR THE CALENDAR MONTH OF: April 2019	TOTAL BARRELS (A)	BARRELS SUBJECT TO LICENSE FEE (B)	BARRELS SUBJECT TO SURCHARGE (C)
1. Total Quantity Received During the Month.	12345		
2. Barrels Received Not Subject to License Fee and Surcharge. (Vessels Only)	123		
3. Barrels Received On Which License Fee and Surcharge was Previously Paid: <b>**Schedule of Deliveries must be submitted to be considered filed (see instructions)**</b>	456		
4. Barrels Received and Used By Facility (Enter amount in columns A and C) <b>**Do not include any amounts reported in column 3A**</b>	0		0
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)	11766	11766	11766
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		125	125
7. Net Barrels Subject to License Fee. (Line 5B Minus Line 6B)		11641	
8. Net Barrels Subject to Surcharge. (Line 4C Plus 5C, Minus Line 6C)			11641
<b>CALCULATE FEE DUE</b>			
9. License Fee Rate 9.5 Cents Per Barrel. (Line 7B * .095)		\$1,105.90	
10. License Fee Rate 8 Cents Per Barrel Used By Facility (Line 4C * .08)		\$0.00	
11. Surcharge Rate 4.25 Cents Per Barrel. (Line 8C x .0425)		\$494.74	
12. Tranship Surcharge Rate 13.75 Cents Per Barrel. (Line 6C x .1375)		\$17.19	
13. Total License Fee & Surcharge Fees Due. (Line 9 Plus Lines 10 Thru 12)		\$1,617.83	
<p>14. Total amount due for this license for prior periods as of July 30, 2019 is \$199.04.</p> <p>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?  <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", enter date and explain. _____</p> <p>16. Has ownership changed during the calendar month covered by this report?  <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", enter date and explain. _____</p> <p>17. I certify under penalty of perjury, that the information contained in this report is true, complete and correct.</p>			
Correct Name of the Firm _____ Telephone Number _____			
Signature _____ Print Name _____ Title _____			
Email _____ Date _____			

- d) The document can be downloaded and saved to the local desktop and/or printed.

- e) Once done, close the print window.

5. Submission:
  - a) Check the certification checkbox at the bottom of the page.
  - b) Click the 'Submit' button.

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

Customer Name: **MOSF TEST CORPORATION INC**      Customer Num: **105506**  
 Facility Name: **BUFFALO**      License Num: **9-5678**  
 Facility Address: **101 BUFFALO ST., BUFFALO, NY, 14123**      Reporting Period: **APR-19**  
 Invoice Num: **555000002683**

	Description	Total Barrels (A)	Barrels Subject to License Fee (B)	Barrels Subject to Surcharge (C)
1	Total Quantity Received During the Month	12345		
2	Barrels Received Not Subject to License Fee and Surcharge (Vessels Only)	123		
3	Barrels Received On Which License Fee and Surcharge was Previously Paid; **Schedule of Deliveries must be submitted to be considered filed (see instructions)**	456		
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)	11766	11766	11766
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		125	125
7	Net Barrels Subject to License Fee (Line 5B Minus Line 6B)		11641	
8	Net Barrels Subject to Surcharge (Line 4C Plus 5C, Minus Line 6C)			11641
9	License Fee Rate 9.5 Cents Per Barrel (Line 7B * .095)		1,105.90	
10	License Fee Rate 8 Cents Per Barrel Used By Facility (Line 4C * .08)		0.00	
11	Surcharge Rate 4.25 Cents Per Barrel (Line 8C * .0425)		494.74	
12	Tranship Surcharge Rate 13.75 Cents Per Barrel (Line 6C * .1375)		17.19	
13	Total License Fee and Surcharge Fees Due (Line 9 Plus Lines 10 Thru 12)		1,617.83	
14	Total Monthly Fee and Surcharge Due		1,617.83	

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?  If "Yes", explain.

16 Has ownership changed during the calendar month covered by this report?  If "Yes", explain.

\* FIRST AND LAST NAME:       \* TITLE:   
 \* EMAIL:       \* PHONE:  (000-YY-ZZZZ OR XXXYYZZZZ)

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

- c) Submit action closes the report page and shows submission warning.

**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.

Home Logout      Copyright (c) 2008, Oracle. All rights reserved.

- d) To complete submission, click 'I Accept' button. It returns to the summary page on the 'Invoices' tab.

**Confirmation**  
Report has been submitted successfully.

Customer Name: **MOSF TEST CORPORATION INC**      Customer Num: **105506**  
 Facility Name: **BUFFALO**      License Num: **9-5678**  
 Facility Address: **101 BUFFALO ST., BUFFALO, NY, 14123**

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

**Reports** **Invoices**

**Invoice Details**  
Report Status:

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"/>	5550000002646	Monthly	FEB-19	SUBMITTED	20-Mar-2019	10-Jul-2019	150.50	7.55	7.55 No		
<input type="checkbox"/>	5550000002648	Monthly	MAR-19	SUBMITTED	20-Apr-2019	10-Jul-2019	184.13	191.49	7.36 No		
<input type="checkbox"/>	5550000002683	Monthly	APR-19	<b>SUBMITTED</b>	20-May-2019	31-Jul-2019	1,617.83	1,617.83	0.00 No		
<b>Total</b>											<b>0</b>

- e) Click Reports tab on the page. The Status of the report changes to 'SUBMITTED' and Action code to 'View'. It also populates the date of the submission.

**ORACLE<sup>®</sup> NYSFMS MOSF Application**

Customer Name **MOSF TEST CORPORATION INC** Customer Num **105506**  
 Facility Name **BUFFALO** License Num **9-5678**  
 Facility Address **101 BUFFALO ST., BUFFALO, NY, 14123**

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

**Reports** Invoices

**Report Details**

Report Year  Search

Report Period	Report Type	Invoice Num	Invoice Due Date	Original Submission Date	Status	Action
JUN-19	Monthly	555000002687	20-Jul-2019		NEW	<a href="#">Update</a>
MAY-19	Monthly	555000002685	20-Jun-2019		NEW	<a href="#">Update</a>
APR-19	Monthly	555000002683	20-May-2019	10-Jul-2019 12:45:49	SUBMITTED	<a href="#">View</a>
MAR-19	Monthly	555000002648	20-Apr-2019	10-Jul-2019 16:24:16	SUBMITTED	<a href="#">View</a>
FEB-19	Monthly	555000002646	20-Mar-2019	10-Jul-2019 15:32:19	SUBMITTED	<a href="#">View</a>
JAN-19	Monthly	555000002645	20-Feb-2019	10-Jul-2019 15:30:52	PAID	<a href="#">View</a>

**NOTE:**

1. Once the report is submitted, it cannot be updated online. (Refer to [Updating Report Information](#) section of the document).
2. Report must be submitted in sequence of their reporting period. System will NOT allow a current report to be submitted until all previous reports have been submitted.

**Error**  
All prior reports must be submitted before the current report can be submitted.

Customer Name **MOSF TEST CORPORATION INC** Customer Num **105506**  
 Facility Name **BUFFALO** License Num **9-5678**  
 Facility Address **101 BUFFALO ST., BUFFALO, NY, 14123** Reporting Period **JUN-19**  
 Invoice Num **555000002687**

Description	Total Barrels (A)	Barrels Subject to License Fee (B)	Barrels Subject to Surcharge (C)
1 Total Quantity Received During the Month	25250		
2 Barrels Received Not Subject to License Fee and Surcharge (Vessels Only)	1500		
3 Barrels Received On Which License Fee and Surcharge was Previously Paid; **Schedule of Deliveries must be submitted to be considered filed (see instructions)**	150		
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		200	200
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?    If "Yes", explain.

16 Has ownership changed during the calendar month covered by this report?    If "Yes", explain.

\* FIRST AND LAST NAME  \* TITLE   
 \* EMAIL  \* PHONE   
(000-YYY-ZZZZ OR XXX-YYY-ZZZZ)

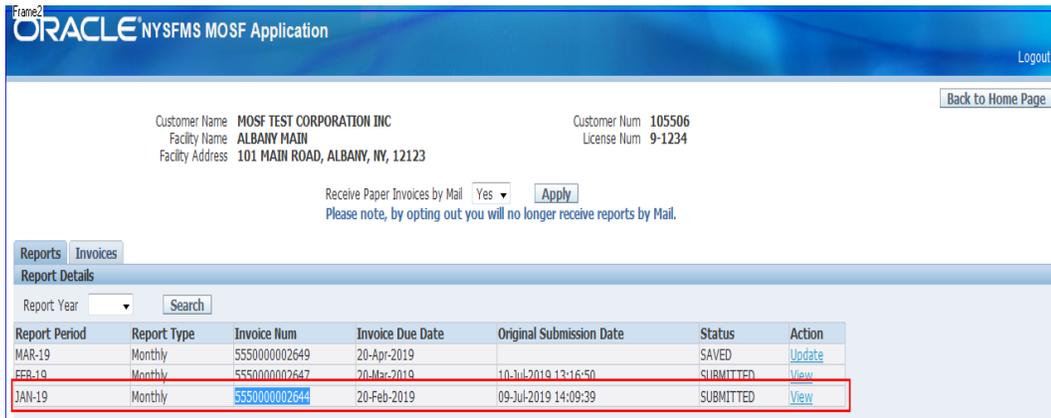
I certify under penalty of perjury, that the information contained in this report is true, complete and correct.

## D. Late Fees

Article 12 of the Navigation Law states that each eligible facility must submit a completed report, total payment and supporting documents to be postmarked no later than the twentieth day of the month immediately following the reporting month.

Here is an example

1. Following screen shot shows Jan-19 invoice (i.e. report) is not paid by its due date of 20-Feb-2019.



ORACLE NYSFMS MOSF Application

Customer Name: MOSF TEST CORPORATION INC  
Facility Name: ALBANY MAIN  
Facility Address: 101 MAIN ROAD, ALBANY, NY, 12123

Customer Num: 105506  
License Num: 9-1234

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

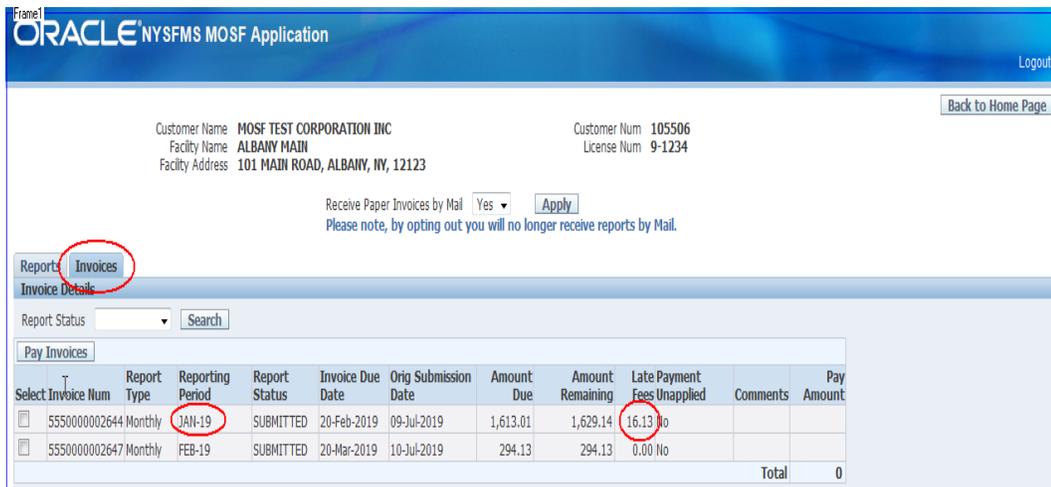
Reports | Invoices

Report Details

Report Year:  Search

Report Period	Report Type	Invoice Num	Invoice Due Date	Original Submission Date	Status	Action
MAR-19	Monthly	555000002649	20-Apr-2019		SAVED	<a href="#">Update</a>
FEB-19	Monthly	555000002647	20-Mar-2019	10-Jul-2019 13:16:50	SUBMITTED	<a href="#">View</a>
JAN-19	Monthly	555000002644	20-Feb-2019	09-Jul-2019 14:09:39	SUBMITTED	<a href="#">View</a>

2. On 21<sup>st</sup> Feb 2019 a late fee will be charged to the invoice. The fee is visible on the invoices tab of the landing page.



ORACLE NYSFMS MOSF Application

Customer Name: MOSF TEST CORPORATION INC  
Facility Name: ALBANY MAIN  
Facility Address: 101 MAIN ROAD, ALBANY, NY, 12123

Customer Num: 105506  
License Num: 9-1234

Receive Paper Invoices by Mail: Yes   
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"/>	555000002644	Monthly	JAN-19	SUBMITTED	20-Feb-2019	09-Jul-2019	1,613.01	1,629.14	16.13	No	
<input type="checkbox"/>	555000002647	Monthly	FEB-19	SUBMITTED	20-Mar-2019	10-Jul-2019	294.13	294.13	0.00	No	
Total											0

- Additional late fees will be charged monthly until the outstanding balance is paid in full.

ORACLE NYSFMS MOSF Application Logout

[Back to Home Page](#)

Customer Name: MOSF TEST CORPORATION INC      Customer Num: 105506  
 Facility Name: ALBANY MAIN      License Num: 9-1234  
 Facility Address: 101 MAIN ROAD, ALBANY, NY, 12123

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

Reports | **Invoices**

Invoice Details

Report Status:

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"/>	5550000002644	Monthly	JAN-19	SUBMITTED	20-Feb-2019	09-Jul-2019	1,613.01	1,645.27	32.26 No		
<input type="checkbox"/>	5550000002647	Monthly	FEB-19	SUBMITTED	20-Mar-2019	10-Jul-2019	294.13	294.13	0.00 No		
<b>Total</b>											<b>0</b>

Note: Late fee is calculated based on the outstanding amount for a period and keeps accruing until the invoice is fully paid (including late fees). All payments will be applied to late fees first.

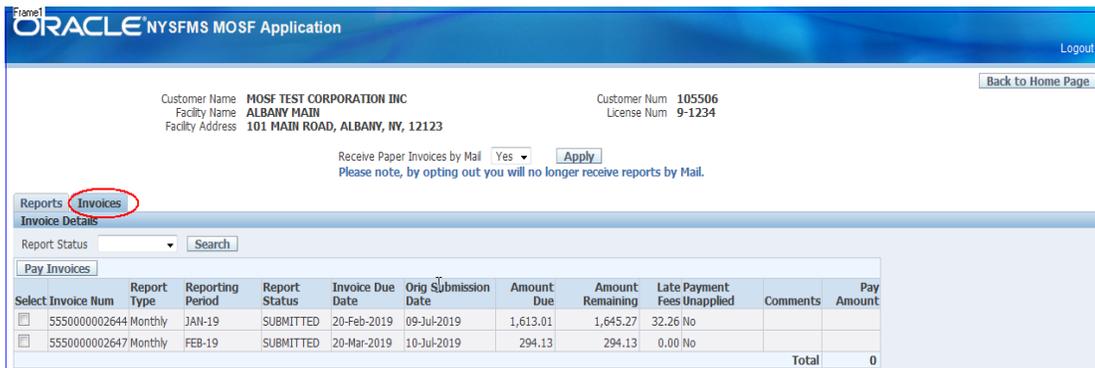
## E. Paying the Report

Reports can be paid one of two ways;

1. Online or
2. By sending payment to the agency.

### a) To Pay Online

1. Go to the landing page, invoices tab as shown below -



ORACLE NYSFMS MOSF Application

Customer Name: MOSF TEST CORPORATION IINC  
Facility Name: ALBANY MAIN  
Facility Address: 101 MAIN ROAD, ALBANY, NY, 12123

Customer Num: 105506  
License Num: 9-1234

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

Reports **Invoices**

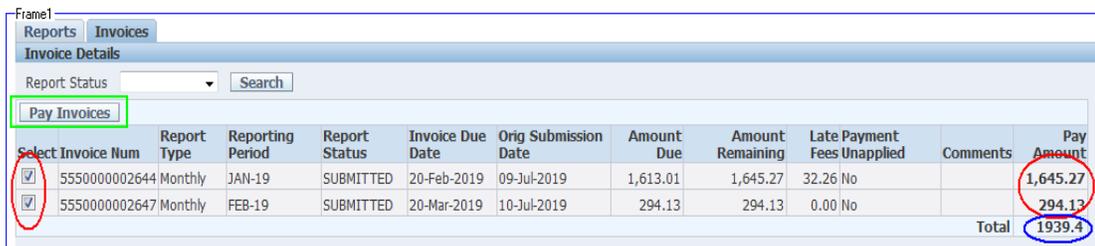
Invoice Details

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"/>	5550000002644	Monthly	JAN-19	SUBMITTED	20-Feb-2019	09-Jul-2019	1,613.01	1,645.27	32.26	No	
<input type="checkbox"/>	5550000002647	Monthly	FEB-19	SUBMITTED	20-Mar-2019	10-Jul-2019	294.13	294.13	0.00	No	
<b>Total</b>											<b>0</b>

2. Select the invoice(s) to be paid.



ORACLE NYSFMS MOSF Application

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"/>	5550000002644	Monthly	JAN-19	SUBMITTED	20-Feb-2019	09-Jul-2019	1,613.01	1,645.27	32.26	No	1,645.27
<input checked="" type="checkbox"/>	5550000002647	Monthly	FEB-19	SUBMITTED	20-Mar-2019	10-Jul-2019	294.13	294.13	0.00	No	294.13
<b>Total</b>											<b>1939.4</b>

This populates Pay Amount field with exact invoice outstanding amount (including late fees). The 'Total' automatically shows the addition of all the Pay Amounts selected.

**NOTE:** Invoices can be paid in the sequence of their reporting period only. Old invoices are required to be paid first otherwise an error message pops up as shown below. (Tried to pay Feb-19 invoice ahead of Jan-19 invoice).

**Error**  
All balances of prior transactions must be paid before the current transaction can be paid.

Customer Name **MOSF TEST CORPORATION INC** Customer Num **105506**  
 Facility Name **ALBANY MAIN** License Num **9-1234**  
 Facility Address **101 MAIN ROAD, ALBANY, NY, 12123**

Receive Paper Invoices by Mail Yes    
 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"/>	5550000002644	Monthly	JAN-19	SUBMITTED	20-Feb-2019	09-Jul-2019	1,613.01	1,645.27	32.26 No		
<input checked="" type="checkbox"/>	5550000002647	Monthly	FEB-19	SUBMITTED	20-Mar-2019	10-Jul-2019	294.13	294.13	0.00 No		294.13
<b>Total</b>											<b>294.13</b>

- Click 'Pay Invoices' button situated at the top left corner of the table. The 'Payment Confirmation' page will be displayed which includes a disclaimer and provides the ability to move forward with the payment or return to the prior page to make an adjustment. You can also print the disclosure by clicking the PDF icon directly next to the Disclaimer heading.

**ORACLE** NYSFMS MOSF Application

Customer Name **MOSF TEST CORPORATION INC** Customer Num **105506**  
 Facility Name **ALBANY MAIN** License Num **9-1234**  
 Facility Address **101 MAIN ROAD, ALBANY, NY, 12123**

**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.

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

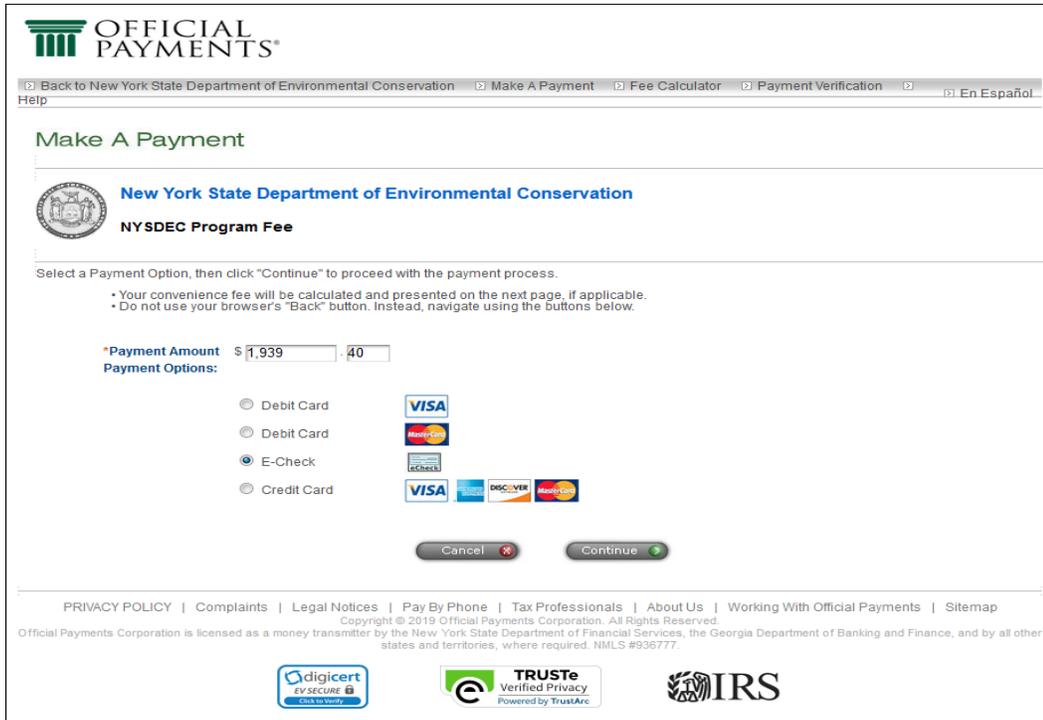
Invoice Num	Reporting Period	Report Type	Original Amount	Remaining Amount	Pay Amount
5550000002644	JAN-19	Monthly	1,613.01	1,645.27	1,645.27
5550000002647	FEB-19	Monthly	294.13	294.13	294.13
<b>Total</b>					<b>1939.4</b>

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

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Privacy Statement Logout

- If all the information looks correct, click the 'Pay Invoices' button. This will transfer you to the payment page. At this point you will be transferred to the electronic payment provider's site (currently Official Payments).



**OFFICIAL PAYMENTS**

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### Make A Payment

**New York State Department of Environmental Conservation**  
NYSDEC Program Fee

Select a Payment Option, then click "Continue" to proceed with the payment process.

- Your convenience fee will be calculated and presented on the next page, if applicable.
- Do not use your browser's "Back" button. Instead, navigate using the buttons below.

\*Payment Amount: \$ 1,939.40

Payment Options:

- Debit Card
- Debit Card
- E-Check
- Credit Card

Logos: VISA, American Express, Discover, MasterCard

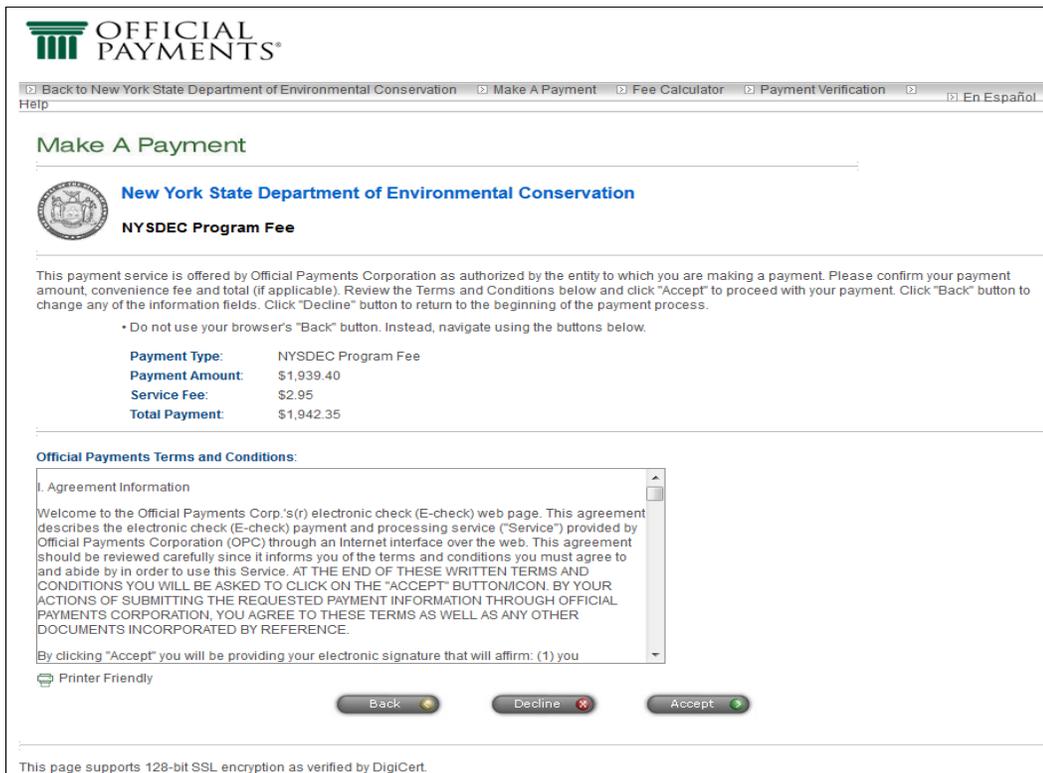
Buttons: Cancel, Continue

PRIVACY POLICY | Complaints | Legal Notices | Pay By Phone | Tax Professionals | About Us | Working With Official Payments | Sitemap

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Official Payments Corporation is licensed as a money transmitter by the New York State Department of Financial Services, the Georgia Department of Banking and Finance, and by all other states and territories, where required. NMLS #936777.

Logos: digicert EV SECURE, TRUSTe Verified Privacy, IRS

- Choose your payment option and click 'Continue' button. The Payment Preview page shows the payment amount and fees applied along with terms and conditions.



**OFFICIAL PAYMENTS**

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### Make A Payment

**New York State Department of Environmental Conservation**  
NYSDEC Program Fee

This payment service is offered by Official Payments Corporation as authorized by the entity to which you are making a payment. Please confirm your payment amount, convenience fee and total (if applicable). Review the Terms and Conditions below and click "Accept" to proceed with your payment. Click "Back" button to change any of the information fields. Click "Decline" button to return to the beginning of the payment process.

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

<b>Payment Type:</b>	NYSDEC Program Fee
<b>Payment Amount:</b>	\$1,939.40
<b>Service Fee:</b>	\$2.95
<b>Total Payment:</b>	\$1,942.35

**Official Payments Terms and Conditions:**

I. Agreement Information

Welcome to the Official Payments Corp.'s(r) electronic check (E-check) web page. This agreement describes the electronic check (E-check) payment and processing service ("Service") provided by Official Payments Corporation (OPC) through an Internet interface over the web. This agreement should be reviewed carefully since it informs you of the terms and conditions you must agree to and abide by in order to use this Service. AT THE END OF THESE WRITTEN TERMS AND CONDITIONS YOU WILL BE ASKED TO CLICK ON THE "ACCEPT" BUTTON. BY YOUR ACTIONS OF SUBMITTING THE REQUESTED PAYMENT INFORMATION THROUGH OFFICIAL PAYMENTS CORPORATION, YOU AGREE TO THESE TERMS AS WELL AS ANY OTHER DOCUMENTS INCORPORATED BY REFERENCE.

By clicking "Accept" you will be providing your electronic signature that will affirm: (1) you

Printer Friendly

Buttons: Back, Decline, Accept

This page supports 128-bit SSL encryption as verified by DigiCert.

- Click the 'Accept' button to continue with the payment or select the 'Decline' button to cancel the transaction or select the 'Back' button to make modifications. Upon selecting the 'Accept' button, enter the requested information.



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### Make A Payment



**New York State Department of Environmental Conservation**

**NYSDEC Program Fee**

To continue this payment, please fill out the form below.

- Note that the [ \* ] fields are required.
- All information is kept confidential.
- You will receive a printable digital receipt with a confirmation number and an email confirmation once your payment is authorized.
- Do not use your browser's "Back" button. Instead, navigate using the buttons below.

**Payer information**  
(Information for the person making the payment.)

\*Country:

\*First Name:

Middle Name:

\*Last Name:

Suffix: (Jr., Sr., etc.)

\*Street Address:

\*Town/City:

\*State:

\*Zip Code:

(Use this field for APO, FPO, AA, AE or AP codes.)

\*Daytime Phone:

\*E-mail Address:

(Required for an e-mail confirmation and online verification.)

\*Re-enter E-mail Address:

**Check information**  
(May differ from the person owing the tax, bill or fee.)

\*Account Type:

Complete the check below by entering the Routing Number and Account Number exactly as they appear on your check

**Pay to the order of**

New York State Department of Environmental Conservation - NYSDEC Program Fee

*One thousand nine hundred thirty nine dollars and forty cents*

**\$1,939.40**

\*Enter your 9 digit routing number:

010101012

\*Enter your account number:

5645765674

**Routing Number**      **Account Number**

between these symbols      before this symbol

⌋ 2 3 4 5 6 7 8 9 ⌋      ⌋ 2 3 4 5 6 7 8 9 0 ⌋

345      345

Do not include your check number if may be located in either position

**Payment information**

Payment Type:	NYSDEC Program Fee
Payment Amount:	\$1,939.40
Transaction Fee:	\$2.95
<b>Total Payment:</b>	<b>\$1,942.35</b>

Back      Cancel      Continue

9. Please confirm all the information, entered on the previous page, is correct and acceptable. If satisfied, click the 'Continue' button. If not satisfied, click 'Edit' button to update the information.



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 [Payment Verification](#) | 
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## Make A Payment



**New York State Department of Environmental Conservation**  
**NYSDEC Program Fee**

---

Please carefully check the information you have provided below and click "Submit" to authorize payment of the "Total Payment" amount displayed.

- Click the "Edit" button to correct any of the information displayed.
- To preserve confidentiality, only partial bank account information is displayed.
- You will receive a printable digital receipt with a confirmation number and an email confirmation once your payment is authorized.
- Do not use your browser's "Back" button. Instead, navigate using the buttons below.

---

**Payer information**

First Name:	Test
Middle Name:	
Last Name:	Case
Suffix:	
Street Address:	123 Main Street
Town/City:	Albany
State:	NY
Zip Code:	12345
Country:	United States
Daytime Phone Number:	(123) 456 - 7890
E-mail Address:	test@email.com

**Check Information**

Account Type: Personal Checking Account

New York State Department of  
Environmental Conservation - NYSDEC

**Pay to the order of** Program Fee \$1,939.40

*One thousand nine hundred thirty nine dollars and forty cents*

010101012 \*\*\*74

**Payment information**

Payment Type:	NYSDEC Program Fee
Payment Amount:	\$1,939.40
Transaction Fee:	\$2.95
Total Payment:	\$1,942.35

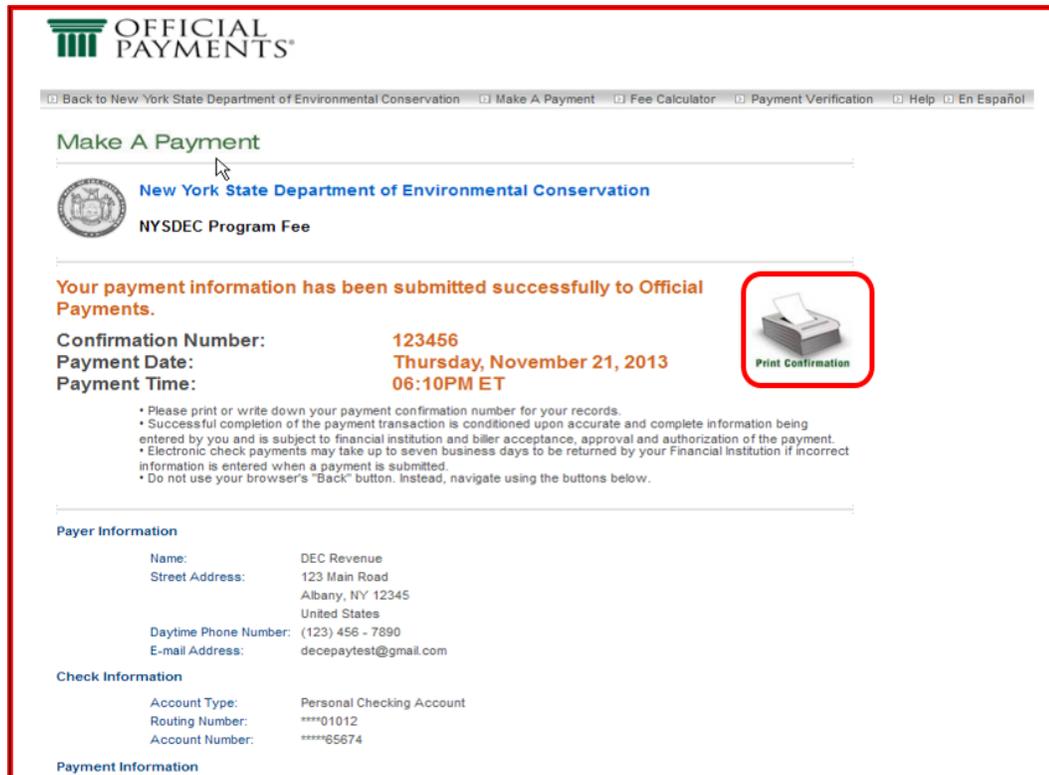
Notes: A second, non-refundable debit for the transaction fee will be payable to Official Payments Corporation and appear as a separate transaction on your bank statement.

By clicking submit, you authorize us to initiate an automated clearing house (ACH) one-time debit in your name to your bank account. The amount of this transaction as noted above will be presented to your bank on or after today for immediate payment.

Edit
Cancel
Submit

It is only necessary to click the "Submit" button once. Clicking the "Submit" button multiple times may result in the processing of multiple payments.

10. Click the 'Submit' button to process the payment. You will receive a confirmation page and email upon the successfully completing the transaction.



**OFFICIAL PAYMENTS**

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### Make A Payment

 **New York State Department of Environmental Conservation**  
NYSDEC Program Fee

**Your payment information has been submitted successfully to Official Payments.**

**Confirmation Number:** 123456  
**Payment Date:** Thursday, November 21, 2013  
**Payment Time:** 06:10PM ET

 **Print Confirmation**

- Please print or write down your payment confirmation number for your records.
- Successful completion of the payment transaction is conditioned upon accurate and complete information being entered by you and is subject to financial institution and biller acceptance, approval and authorization of the payment.
- Electronic check payments may take up to seven business days to be returned by your Financial Institution if incorrect information is entered when a payment is submitted.
- Do not use your browser's "Back" button. Instead, navigate using the buttons below.

**Payer Information**

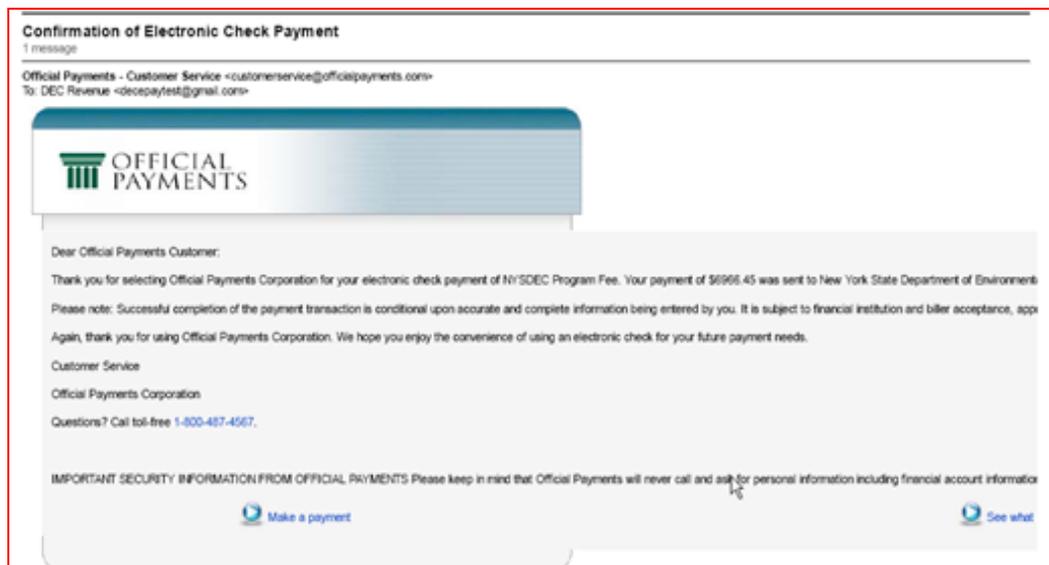
Name: DEC Revenue  
Street Address: 123 Main Road  
Albany, NY 12345  
United States  
Daytime Phone Number: (123) 456 - 7890  
E-mail Address: decepaytest@gmail.com

**Check Information**

Account Type: Personal Checking Account  
Routing Number: \*\*\*\*01012  
Account Number: \*\*\*\*85674

**Payment Information**

11. You may print the receipt by clicking on the printer icon. You will also receive an email confirmation as depicted below.



**Confirmation of Electronic Check Payment**  
1 message

Official Payments - Customer Service <customerservice@officialpayments.com>  
To: DEC Revenue <decepaytest@gmail.com>



Dear Official Payments Customer:

Thank you for selecting Official Payments Corporation for your electronic check payment of NYSDEC Program Fee. Your payment of \$6966.45 was sent to New York State Department of Environment

Please note: Successful completion of the payment transaction is conditional upon accurate and complete information being entered by you. It is subject to financial institution and biller acceptance, app

Again, thank you for using Official Payments Corporation. We hope you enjoy the convenience of using an electronic check for your future payment needs.

Customer Service  
Official Payments Corporation  
Questions? Call toll-free 1-800-487-4567.

IMPORTANT SECURITY INFORMATION FROM OFFICIAL PAYMENTS Please keep in mind that Official Payments will never call and ask for personal information including financial account information



12. You may terminate the process at this point or click 'Continue' button to return to the customer search page.
13. Please note that it takes around 24 hours to reflect the payment in the system.
14. Any supporting documentation (Schedule of Deliveries or Secondary Transfer Certificates) must still be mailed to the address below or emailed to [revenue@dec.ny.gov](mailto:revenue@dec.ny.gov) no later than the 20<sup>th</sup> of the month following the reporting period in order to have your report considered to be filed on time.

#### b) Paying Offline

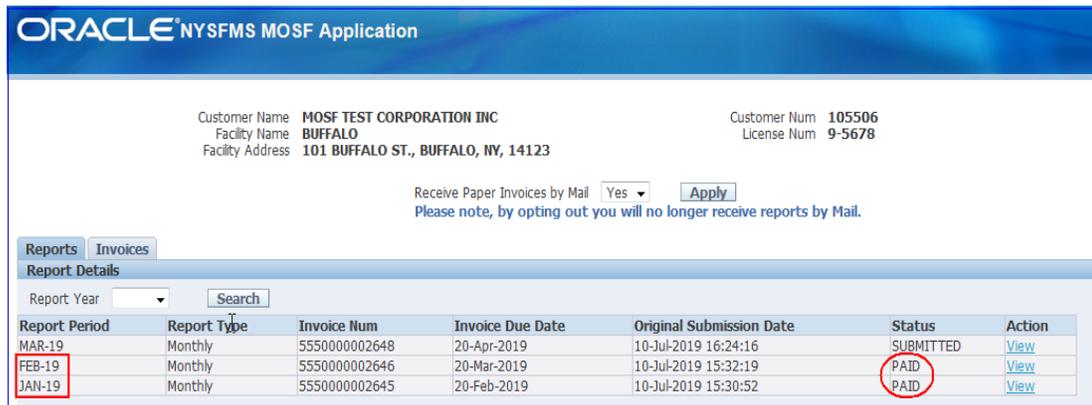
1. Print the report as described in C3 (even though report is submitted online). Fill all the necessary additional fields. Attach payment and supporting documents and post it to  
    'NYS Department of Environmental Conservation  
    Regulatory Fee Unit, Oil Spill  
    625 Broadway  
    Albany, New York 12233-5013
2. Allow 4-5 business days to process the payment in the system.

## F. Incomplete Filing of a Report

### BACKGROUND:

If all the necessary documentation is not received by the agency, the agency treats the report submission as 'incomplete' even though a full payment is made. Agency will remove the payments of such invoices and will be treated as late. The payment would be treated as 'on account'.

- a) As shown below Jan-19 and Feb-19 invoices are paid.



Customer Name: MOSF TEST CORPORATION INC  
 Facility Name: BUFFALO  
 Facility Address: 101 BUFFALO ST., BUFFALO, NY, 14123  
 Customer Num: 105506  
 License Num: 9-5678

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

Reports Invoices

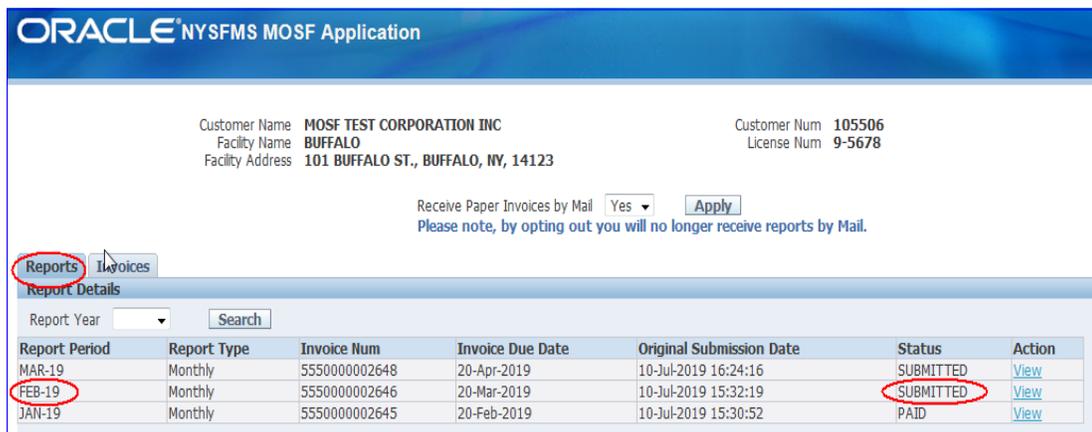
Report Details

Report Year:  Search

Report Period	Report Type	Invoice Num	Invoice Due Date	Original Submission Date	Status	Action
MAR-19	Monthly	5550000002648	20-Apr-2019	10-Jul-2019 16:24:16	SUBMITTED	<a href="#">View</a>
FEB-19	Monthly	5550000002646	20-Mar-2019	10-Jul-2019 15:32:19	PAID	<a href="#">View</a>
JAN-19	Monthly	5550000002645	20-Feb-2019	10-Jul-2019 15:30:52	PAID	<a href="#">View</a>

- b) In case Jan-19 report is found to be 'incomplete' by the agency, it will be marked as incomplete and the payment(s) made against the invoice will be unapplied. The application will show following changes on the page –

1. Reports tab – the Feb-19 report's status will be changed to 'SUBMITTED'.



Customer Name: MOSF TEST CORPORATION INC  
 Facility Name: BUFFALO  
 Facility Address: 101 BUFFALO ST., BUFFALO, NY, 14123  
 Customer Num: 105506  
 License Num: 9-5678

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

Reports Invoices

Report Details

Report Year:  Search

Report Period	Report Type	Invoice Num	Invoice Due Date	Original Submission Date	Status	Action
MAR-19	Monthly	5550000002648	20-Apr-2019	10-Jul-2019 16:24:16	SUBMITTED	<a href="#">View</a>
FEB-19	Monthly	5550000002646	20-Mar-2019	10-Jul-2019 15:32:19	SUBMITTED	<a href="#">View</a>
JAN-19	Monthly	5550000002645	20-Feb-2019	10-Jul-2019 15:30:52	PAID	<a href="#">View</a>

2. Invoices tab – the Feb-19 invoice will have a reason mentioned in the comments field for the invoice. A credit gets added to the facility account equal to the receipt/s related to the invoice.

ORACLE NYSFMS MOSF Application

Customer Name: MOSF TEST CORPORATION INC  
 Facility Name: BUFFALO  
 Facility Address: 101 BUFFALO ST., BUFFALO, NY, 14123

Customer Num: 105506  
 License Num: 9-5678

Receive Paper Invoices by Mail: Yes   
 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"/>		AVAILABLE CREDIT						150.50			(150.50)
<input type="checkbox"/>	5550000002646	Monthly	FEB-19	SUBMITTED	20-Mar-2019	10-Jul-2019	150.50	150.50	0.00 Yes	DOCUMENTATION NOT RECEIVED	
<input type="checkbox"/>	5550000002648	Monthly	MAR-19	SUBMITTED	20-Apr-2019	10-Jul-2019	184.13	184.13	0.00 No		
<b>Total</b>											<b>-150.5</b>

3. System won't let you apply credit
- a) To either the 'incomplete' invoice.

ORACLE NYSFMS MOSF Application

Customer Name: MOSF TEST CORPORATION INC  
 Facility Name: BUFFALO  
 Facility Address: 101 BUFFALO ST., BUFFALO, NY, 14123

Customer Num: 105506  
 License Num: 9-5678

Receive Paper Invoices by Mail: Yes   
 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"/>		AVAILABLE CREDIT						150.50			(150.50)
<input type="checkbox"/>	5550000002646	Monthly	FEB-19	SUBMITTED	20-Mar-2019	10-Jul-2019	150.50	150.50	0.00 Yes	DOCUMENTATION NOT RECEIVED	
<input type="checkbox"/>	5550000002648	Monthly	MAR-19	SUBMITTED	20-Apr-2019	10-Jul-2019	184.13	184.13	0.00 No		
<b>Total</b>											<b>-150.5</b>

- b) Or to any later period invoice/s.

**Error**  
 All balances of prior transactions must be paid before the current transaction can be paid.

Customer Name: MOSF TEST CORPORATION INC  
 Facility Name: BUFFALO  
 Facility Address: 101 BUFFALO ST., BUFFALO, NY, 14123

Customer Num: 105506  
 License Num: 9-5678

Receive Paper Invoices by Mail: Yes   
 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"/>		AVAILABLE CREDIT						150.50			(150.50)
<input type="checkbox"/>	5550000002646	Monthly	FEB-19	SUBMITTED	20-Mar-2019	10-Jul-2019	150.50	150.50	0.00 Yes	DOCUMENTATION NOT RECEIVED	
<input checked="" type="checkbox"/>	5550000002648	Monthly	MAR-19	SUBMITTED	20-Apr-2019	10-Jul-2019	184.13	184.13	0.00 No		184.13
<b>Total</b>											<b>33.63</b>

4. Please contact agency's Revenue Bureau at [revenue@dec.ny.gov](mailto:revenue@dec.ny.gov) to resolve the issue.

## F. Updating Report Information

### a) If the report is not Submitted yet

1. If the report is either in 'Saved' or 'NEW' status, the report can be updated by clicking 'update' link in the corresponding action's field.

Report Period	Report Type	Invoice Num	Invoice Due Date	Original Submission Date	Status	Action
JUN-19	Monthly	555000002687	20-Jul-2019		NEW	<a href="#">Update</a>
MAY-19	Monthly	555000002685	20-Jun-2019		SAVED	<a href="#">Update</a>
APR-19	Monthly	555000002683	20-May-2019	31-Jul-2019 12:45:49	SUBMITTED	<a href="#">View</a>
MAR-19	Monthly	555000002648	20-Apr-2019	10-Jul-2019 16:24:16	SUBMITTED	<a href="#">View</a>
FEB-19	Monthly	555000002646	20-Mar-2019	10-Jul-2019 15:32:19	SUBMITTED	<a href="#">View</a>
JAN-19	Monthly	555000002645	20-Feb-2019	10-Jul-2019 15:30:52	PAID	<a href="#">View</a>

2. Clicking the 'Update' opens the report with the existing saved information, if any.

Customer Name	MOSF TEST CORPORATION LLC	Customer Num	105506
Facility Name	BUFFALO	License Num	9-5678
Facility Address	101 BUFFALO ST., BUFFALO, NY, 14123	Reporting Period	MAY-19
Invoice Num	555000002685		

	Description	Total Barrels (A)	Barrels Subject to License Fee (B)	Barrels Subject to Surcharge (C)
1	Total Quantity Received During the Month	15975		
2	Barrels Received Not Subject to License Fee and Surcharge (Vessels Only)	987		
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)	14988	14988	14988
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		654	654
7	Net Barrels Subject to License Fee (Line 5B Minus Line 6B)		14334	
8	Net Barrels Subject to Surcharge (Line 4C Plus 5C, Minus Line 6C)			14334
9	License Fee Rate 9.5 Cents Per Barrel (Line 7B * .095)		1,361.73	
10	License Fee Rate 8 Cents Per Barrel Used By Facility (Line 4C * .08)		0.00	
11	Surcharge Rate 4.25 Cents Per Barrel (Line 8C * .0425)		609.20	
12	Tranship Surcharge Rate 13.75 Cents Per Barrel (Line 6C * .1375)		89.93	
13	Total License Fee and Surcharge Fees Due (Line 9 Plus Lines 10 Thru 12)		2,060.86	
14	Total Monthly Fee and Surcharges Due		2,060.86	

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  Yes

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

\* FIRST AND LAST NAME  \* TITLE   
 \* EMAIL  \* PHONE   
(XXX-YYY-ZZZZ OR XXXYYZZZZ)

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

3. Update the information and submit the report.
4. For the reports that are not in either 'SAVED' or 'NEW' status, the only action that can be carried out is 'View'. Please use the following steps to update submitted report's information.



b) If the report is already submitted and you need to amend the report:

1. From agency's web page,  
<http://www.dec.ny.gov/chemical/4767.html>  
download a blank MOSF report (either monthly or annual).
2. Fill in the invoice number from the report you want to amend and your assigned customer number.
3. Fill in all fields of the form, sign it and mail the report to the agency at the address on the form along with additional payment (if applicable) and supporting documentation.
4. Please allow 4-5 business days to reflect the changes.

NOTE: Amendments can only be accepted for a period of 30 days after the due date of the report in question and must be mailed the DEC. Amended reports cannot be submitted on-line...

\*\*\* THANK YOU \*\*\*