Department of Revenue Services State of Connecticut PO Box 2937 Hartford CT 06104-2937 (Rev. 11/04)

REG-3-MC

Application for Motor Carrier Road Tax

Calendar Yea	r 2	00)5
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	If registered, enter Connecticut Tax Registration Number									
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Do not use this application to request International Fuel Tax Agreement (IFTA) decals. Complete CT-IFTA-2 for IFTA decals.

Use this application to register new accounts or to register additional vehicles for existing accounts.

☐ Please check if your mailing address has changed and indicate new address.

				_	printed on the back before completing this application. Type of print all en	illies clearly.					
Fo	For DRS Use Only 1. Reason for Applying										
TAX	REC	TR	AD		□ New Account □ Registration of Additional Vehicles □ Other (Ple	ease Explain)					
				2.	Owner's Name, Partnership Name, Corporate Name, or LLC Name	Federal Employer ID Number					
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				2	Trade Name or Degistered Name (If different from Line 2)	Cooled Coourity	, Number				
				ال	Trade Name or Registered Name (If different from Line 2)	Social Security	Number				
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				4.	Physical Location of This Business (a PO Box is not acceptable)	Telephone Nur	nber				
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		5. Business Mailing Address (If different from Line 4) ZIP plus 4 United States D.O.T. Number									
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	6. Name and Home Address of Owner, Partner, Corporate Officer, or LLC Member Zip Plus 4 Social Security Number							/ Number			
	6. Name and nome Address of Owner, Farther, Corporate Officer, of LLC Member 2 prids 4 Social Security Number							I			
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				7.	Name and Home Address of Owner, Partner, Corporate Officer, or LLC Meml	ber Zip Plus 4	Social Security	/ Number			
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8.	Type (or Own	nersnip	(IT	Other, attach explanation)						
	□ Sole Proprietor □ General Partnership □ Limited Partnership □ Corporation □ S Corporation										
☐ Limited Liability Company (LLC) ☐ Single member LLC 8a. Organized						Under Laws of What State?					
☐ Check if taxed as a corporation ☐ Check if taxed as a corporation											
					<u>_</u>						
9.	9. Are you currently registered with the Connecticut Department of Revenue Services? Yes No										
If Yes, enter your Connecticut Tax Registration Number in the space provided in the upper right corner of this application.											
	_										
10. Describe in detail the type of business you operate.											
11. You are applying for identification decals for calendar year 2005. Your decals will expire December 31, 2005.											
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12.	List le	ssors	who le	ease	vehicles to you. (Attach additional sheets if needed.)						
Name Address											
F	This			L -	Number of O	ualified Vehicles	Fee	Amount Due			
			must			uamieu venicies		Amount Due			
comp	ietea D	y an a	pplican	ιίS.	13. Enter total number of decal sets requested		X \$10 =	<u> • </u>			
					Make check or money order payable to: Commissioner of	Revenue Serv	ices				

Declaration: The undersigned represents that (1) all of the applicant's qualified motor vehicles will be operated solely within Connecticut during calendar year 2005, (2) all of the motor fuel to be used in operating such vehicles will be purchased solely within Connecticut during calendar year 2005, and (3) Connecticut motor vehicle fuels tax will be paid on all such purchases during calendar year 2005. The undersigned agrees to report immediately to DRS if any of these three representations is no longer true or accurate. I declare under penalty of law that I have examined this application (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to Department of Revenue Services is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. I understand motor carrier road tax decals may not be transferred by me to another person or from one vehicle to another. X

Authorized Signature Date TAX REC TRANS REGISTRATION DATE NAICS CODE TYPE ORG STATE LEGAL DATE 00 10 For TAX REC TRANS REGISTRATION DATE START DATE TOWN SOURCE FILE CODE EXT OPR DRS Use 40 1 Only SECURITY NO. SECURITY DATE SECURITY AMOUNT REF. BOND DATE REF. BOND AMOUNT REG. YEAR 05

General Information

Two numbered decals will be issued for each qualified motor vehicle. One decal must be placed on the lower rear exterior of the passenger side cab door and the matching decal must be placed on the lower rear exterior of the driver side cab door for each vehicle.

Qualified motor vehicles subject to the Connecticut motor carrier road tax are those used, designed, or maintained for transportation of persons or property **and**:

- Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms;
- 2. Have three or more axles regardless of weight; or
- 3. Are used in combination and the combined gross vehicle weight or registered gross vehicle weight exceeds 26,000 pounds or 11,797 kilograms.

For Connecticut motor carrier road tax purposes, the term *qualified motor vehicle* does not include recreational vehicles.

Instructions

 Change of identity or form of ownership or organization: If there has been any change of identity or form of ownership or organization, such as the addition of a new partner or the incorporation of the business, you must apply for a new Connecticut Tax Registration Number. To apply for a new Connecticut Tax Registration Number, use this form and indicate you are applying for a new account.

- The address you list on this application must be the only address for all mail regarding the Connecticut motor carrier road tax. Do not use the mailing address of a tax preparer or a lessor of vehicles as your mailing address.
- 3. This application must be signed by an owner, partner, corporate officer, or LLC member.
- 4. Failure to complete all items on this application may result in a delay in processing your application.
- Make your check payable to: Commissioner of Revenue Services.

Return the completed application with full payment to:

Department of Revenue Services Registration Section PO Box 2937 Hartford CT 06104-2937

If you need additional information or assistance about this application or registering your vehicle(s), please call the Department of Revenue Services, Registration Section, at **860-297-4870**, Monday through Friday, 8:00 a.m. to 5:00 p.m.