

REG-3-MC

Application for Motor Carrier Road Tax

Calendar Year 2007

If registered, enter Connecticut Tax Registration Number

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. Read the instructions printed on the back before completing this application. Type or print all entries clearly.

Check if your mailing address has changed and indicate new address.

1. Reason for Applying <input type="checkbox"/> New Account <input type="checkbox"/> Registration of Additional Vehicles <input type="checkbox"/> Other (Explain)	
2. Owner's Name, Partnership Name, Corporate Name, or LLC Name	Federal Employer ID Number (FEIN)
3. Trade Name or Registered Name (if different from Line 2)	Social Security Number (SSN)
4. Physical Location of This Business (PO Box is not acceptable.) ZIP plus 4	Telephone Number ()
5. Business Mailing Address (if different from Line 4) ZIP plus 4	United States DOT Number
6. Name and Home Address of Owner, Partner, Corporate Officer, or LLC Member Zip Plus 4	Social Security Number (SSN)
7. Name and Home Address of Owner, Partner, Corporate Officer, or LLC Member Zip Plus 4	Social Security Number (SSN)
8. Type of Ownership (If other , attach explanation.) <input type="checkbox"/> Other <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Single member LLC <input type="checkbox"/> Check if taxed as a corporation. <input type="checkbox"/> Check if taxed as a corporation.	8a. Organized under laws of what state?
9. Are you currently registered with the Connecticut Department of Revenue Services (DRS)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 **2007**. Your decals will expire December 31, 2007.

12. List lessors who lease vehicles to you. (Attach additional sheets if needed.)

Name	Address

Fees: This section must be completed by all applicants.	13. Enter total number of decal sets requested ▶	Number of Qualified Vehicles	Fee X \$10 =	Amount Due ▶
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Make check or money order payable to: **Commissioner of Revenue Services**

Declaration: The undersigned represents that: (1) All of the applicant's qualified motor vehicles will be operated solely within Connecticut during calendar year 2007; (2) All of the motor fuel to be used in operating such vehicles will be purchased solely within Connecticut during calendar year 2007; and (3) Connecticut motor vehicle fuels tax will be paid on all such purchases during calendar year 2007. The undersigned agrees to report immediately to DRS if any of these three representations are 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 DRS 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	Title	Date
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Decals Are Not Transferable From Vehicle to Vehicle or From Company to Company

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:**

1. 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

1. **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.

2. 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.
5. Make your check payable to: **Commissioner of Revenue Services**. The DRS may submit your check to your bank electronically.

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), call the DRS Registration Section at **860-297-4870**, Monday through Friday, 8:30 a.m. to 4:30 p.m.