

Department of Taxation and Finance

## Application for Highway Use Tax (HUT) and Automotive Fuel Carrier (AFC) Certificates of Registration (C of R) and Decals





## Order your credentials online in minutes at www.oscar.ny.gov

To use OSCAR all you need is an active USDOT number and a Highway Use Tax (HUT) account

<ul> <li>Read the instructions, Form TMT-1-I, before completing this form.</li> <li>You must complete all lines of this form, except as noted in the instructions. We will return an incomplete application to you.</li> <li>All vehicles with HUT or AFC credentials must display decals.</li> </ul>												For office use only			
											you.	Total a	mount	Number of credentials	
	This form is ava		e as a fill-in form on ou	. ,		p? in Fo	orm TMT	-1-I). Type	your informa	ation, then	print,				
	sign, and mail it.											\$ Deposit nui	mher		
1	Identification		Employer identification	number	Suffix, if any		So	cial securi	ity number (	SSN)		Doposit Hui	IIDCI		
	number					OR		olai oooaii	ity ilailiboi (		ss				
<b>2</b> L	JSDOT number	3 Te	elephone number		4 E-mail addres	S						5 Fax r	number		
6 L	egal name						7 Doin	g business	as (DBA) na	me, if differ	ent froi	m legal nar	ne		
8 F	Physical address (	numb	per and street)			9 Mailing address (if different than physical address; number and street or PO box)									
City	/			State	ZIP code		City					State	ZIP	code	
Cou	untry (enter if other	than	United States; do not abbrevi	ate)			Country (enter if other than United States; do not abbreviate)								
10	Mark an <b>X</b> in the box if your physical or mailing address has changed and has not been reported to us. Enter new address on line 8 and/or line 9, above. If your business name or tax identification number has changed and has not yet been reported to us, call us before mailing this application (see <i>Need help?</i> in Form TMT-1-I).														
11	Type of busines	s(m	ark an <b>X</b> in one box and s	specify if O	ther)										
	☐ Sole prop	orieto	r Corporation	Partr	nership LI	LC L	LLP	U Othe	er:						
12	For new accounts, list the name, title, social security number, and address of each principal officer of a corporation, or of each partner, or member of an LLC/LLP, or owner if sole proprietorship.											n LLC/LLP, or			
	Name		Title		SSN Number and street				City		;	State	ZIP code		
13	For now accou	nte	enter the location where t	av and mil	loago rocorde will	ho avai	ilable for	audit							
15	Name of custod	,		lumber an	o .	De avai	City			ZIP	code	Tele	phone number		
Name of custodian of records Number and street City State ZIP code Teleph									·						
14	If this form is prepared by a company employee who is not an officer, partner, member, or owner, or by an agent, service, accountant or other representative, you must provide the information below. Additionally, if you expect to contact the Tax Department about this application or any other tax matters, you must attach a Power of Attorney (usually Form POA-1) authorizing you to have access to this business's New York State tax records.														
	Name of person	prep	paring form N	lumber an	d street		City			State	ZIP	code	Tele	phone number	
15	Signature of owner, partner, officer, member or individual with a Power of Attorney on file with the New York State Tax Department														
	Certification: I certify that the above statements are true, complete and correct and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with the intent to evade tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.												tate Law,		
Sig	nature			Printed	d name of person	signing		-	Title				Date sign	ned	
16	Amount due	Amount due with application. The C of R and decal (credentials) cost \$1.50 per vehicle.  Mail applica								plicati	ation and payment to:				
	Number of HUT/AFC credentials ordered x \$1.50 =\$								NYS TAX D						
	Make check or money order payable in U.S. funds to <i>Commissioner of</i>							tion and I	Finance.	TA AF	PPLICATION DEPOSIT UNIT MAN CAMPUS 7 12227-0863				

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Le	gal name				Taxpayer identification number		Employer iden	ber Suf	ix, if any	Social security number (SSN)  OR SS			
	Continuation	are requested for the following in Sheet for Form TMT-1. All vel t your entries in ink.	vehicles. List eanicles with HUT	ach vehicle separatel or AFC credentials m	y. Group trucks, nust display deca	tractors, a	automotive	e fuel carrier to	railers sep	arately. For additi	onal ve	hicles, use Form TM	<u></u> Γ-1.1,
	<b>A</b> Type	<b>B</b> Manufacturer's vehicle identification number (VIN)	C Type of vehicle	<b>D</b> Type of fuel	E Make of vehicle	<b>F</b> Year	G H Unloaded Gross weight weight of vehicle of vehicle		Own or lease	J Owner equipment number (optional)	K State and license plate number (required; see instr.) State Plate number		Mark X in box if temporary plate no.
1	HUT AFC		Tractor Truck Trailer (AFC)	□ Diesel         □ CNG           □ Gas         □ Electri           □ Propane         □ Flex           □ None         □ Other					Own Lease				
2	HUT		Tractor Truck Trailer (AFC)	☐ Diesel ☐ CNG ☐ Gas ☐ Electri ☐ Propane ☐ Flex ☐ None ☐ Other					Own Lease				
3	HUT		Tractor Truck Trailer (AFC)	☐ Diesel ☐ CNG ☐ Gas ☐ Electri ☐ Propane ☐ Flex ☐ None ☐ Other	c 				Own Lease				
4	HUT		Tractor Truck Trailer (AFC)	□ Diesel         □ CNG           □ Gas         □ Electri           □ Propane         □ Flex           □ None         □ Other					Own Lease				
5	HUT		Tractor Truck Trailer (AFC)		с				Own Lease				
6	HUT		Tractor Truck Trailer (AFC)	□ Diesel         □ CNG           □ Gas         □ Electri           □ Propane         □ Flex           □ None         □ Other	с				Own Lease				
7	HUT		Tractor Truck Trailer (AFC)	□ Diesel         □ CNG           □ Gas         □ Electri           □ Propane         □ Flex           □ None         □ Other	с				Own Lease				
8	HUT		Tractor Truck Trailer (AFC)	□ Diesel         □ CNG           □ Gas         □ Electri           □ Propane         □ Flex           □ None         □ Other					Own Lease				
9	HUT		Tractor Truck Trailer (AFC)	□ Diesel         □ CNG           □ Gas         □ Electri           □ Propane         □ Flex           □ None         □ Other	с				Own Lease				
10	HUT		Tractor Truck Trailer (AFC)	□ Diesel         □ CNG           □ Gas         □ Electri           □ Propane         □ Flex           □ None         □ Other					Own Lease				