Department of Taxation and Timeline Pork STATE New Account Application for Highway Use Tax (HUT) and Automotive Fuel Carrier (AFC)

Visit the One Stop Credentialing and Registration (OSCAR) website if you already have an existing HUT account. OSCAR gives you immediate access to your account to:

- · obtain HUT credentials for your vehicles,
- · revise your HUT credentials,
- · print your HUT credentials, and
- · cancel your HUT credentials at any time.
- Read the instructions, Form TMT-39-I, before completing this form. Incomplete and incorrectly prepared forms will not be
- This application should be used to create a new HUT account. When your account is approved, you will be instructed to print your HUT or AFC credentials online on the OSCAR website.
- Do not use this form if you previously registered for HUT. Go directly to www.oscar.ny.gov

Fax completed form to 518-435-8538. Allow three business days for processing.													
	ldentification number	Emplo	yer identification	on number (EIN	Suffix, if any	OR	Social Secu	rity number	s	SS			
2 . L	JSDOT number	3. Busines	s phone numl	per	4. Email addr	ess				5. Fax	number		
6. Legal name							7. Doing business as (DBA) name, if different from legal name						
8. Physical address (number and street)							9. Mailing address (if different than physical address; number and street or PO box)						
City			;	State ZIF	ocode code		City			State Z	ZIP code		
Country (enter if other than United States; do not abbreviate)						Country (enter if other than United States; do not abbreviate)							
	Type of business (mark an X in one box and specify if Other) Sole proprietor Corporation Partnership LLC LLP Other: 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												
11.	List the name, ti proprietorship. Name	itle, Social S	Security numb	er, and addres	s of each princip	oal officer	of a corporation, o		r, or memb			if sole ZIP code	
12.	Enter the location		•	records will be Number an		udit.	City		State	ZIP code	Teleph	none number	
13.	Mark an <i>X</i> in the box if this form is completed by an agent or other representative. Mark an <i>X</i> in the box if this form is completed by an employee who is not an officer of a corporation, partner of a partnership, or member of an LLC/LLP, or owner if sole proprietor.												
14.	Enter name, add	•	ohone number Title	of the person Number an		form.	City		State	ZIP code	Teleph	none number	
15.	Mark an <i>X</i> in the box if line 16 is signed by an employee who is not an officer, partner, member, or proprietor. Mark an <i>X</i> in the box if line 16 is signed by an agent, service, or other representative. If you mark either box, you must fax a completed Form POA-1, <i>Power of Attorney</i> , with this application.												
16.	Signature			Printe	d name of perso	on signing		Title			Date signe	d	