

Utah State Tax Commission

Original and Supplement Application - Utah A and C

TC-853A Rev. 10/12

Division of Motor Vehicles · PO Box 30412, Salt Lake City, UT 84130 · Telephone 801-297-7780 c Name of applicant Business street address (where records are kept - must be a Utah address) City County City County City County City County City City City City City City City Ci				Business telephone number L Mailing street address F					License year	License year Fleet Acc				ccount number					ax.utah.go
										UT-									circle one
									Person to contact regarding application					Telepho	Telephone number			npt	MAR JUN
									City State					Fax nur	Fax number			Year	EP DEC
Type of operation (check the ONE that applies)														ntification number U. S. D			Intra-		
Common Carrier	Contract Carrier	Private Carrier Re	ntal Compan	y	Utah Exempt	Prope	erty Tax Exempt Organizati	on						alon number		0.3	S. DOT HUITIDE	1	
					Declared 😽								License				Office Us		
Unit Year number	Make	Vehicle Identification Number	Fuel	Unladen weight	Declared combined gross weight	Seats	Name of owner	Date of purchase	Purchase price	Factory price	Plate	Title	plate number	USDOT number	Y/N **	ta:	erty Dealer i revious 2 yr. numbe	slicense	Verified by
Deletions			_		** Will th	e control and r	esponsibility for the safety	of this vehicle be a	assigned to a differe	ent Motor Ca	rrier c	during t	he registration	year by lease	?				
Unit Plate)	VIN My signature below acknowledges that under penalty of law, I certify, under the penalties of perjury, that the information herein is true, correct, and complete.										OF	FICE USE ON	ILY					
							e qualified with the Utah	State Tax Com	mission and that	I will make	repo	orts as	required,		HVUT	verified	l t		
				under the federal identification number listed on this form.										I/M verified					
			 Signatur	e						[Date								
			Fuel Key			Propane (Jatural	H-Gasohol							I					