



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 processed.
- 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.

1. Identification number Employer identification number (EIN) Suffix, if any OR Social Security number SS

_____ _____ _____ _____

2. USDOT number	3. Business phone number	4. Email address			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	ZIP code	City	State	ZIP code
Country (enter if other than United States; do not abbreviate)			Country (enter if other than United States; do not abbreviate)		
10. Type of business (mark an X in one box and specify if Other)					
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other: _____					
11. 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.					
Name	Title	SSN	Number and street	City	State ZIP code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
12. Enter the location where tax and mileage records will be available for audit.					
Name of custodian of records	Number and street	City	State	ZIP code	Telephone number
_____	_____	_____	_____	_____	_____
13. <input type="checkbox"/> Mark an X in the box if this form is completed by an agent or other representative. <input type="checkbox"/> Mark an X 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, address, and phone number of the person completing this form.					
Name of employee	Title	Number and street	City	State	ZIP code Telephone number
_____	_____	_____	_____	_____	_____
15. <input type="checkbox"/> Mark an X in the box if line 16 is signed by an employee who is not an officer, partner, member, or proprietor. <input type="checkbox"/> Mark an X 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	Printed name of person signing		Title	Date signed	
_____	_____		_____	_____	