

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

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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											
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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.											
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Signature of o	vner, partner, officer, member	or individua	ıl with a Po	wer of At	torney on file w	ith the New Yo	ork State Tax D	epartment			
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,		
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Amount due with application. The C of R and decal (credentials) cost \$1.50 per vehicle. Mail applic								ation and p	ayment to	D:	
Number of HUT/AFC credentials ordered × \$1.50 = \$					NVO TAX T				-NT		
Make check o	r money order payable in U.	S. funds to		L	f Taxation and	l Finance.	HUT/IFTA W A HARF	A APPLICATION DEPOSIT UNIT RRIMAN CAMPUS			
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Signature of newer than United States; do not abbreviate) Title signature of owner, partner, officer, member or individual controls of the knowledge that willfully providing false or fraudulent information below authors and street on this document. Amount due with application. 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Enter new name or tax identification number has changed and has not yet been reported to us, call us before mailing this appropriate to us the properties of the proprietor of the proprietorship. Title SSN Number and street For new accounts, list the name, title, social security number, and address of each principal officer of a corporate when the proprietorship. Name of custodian of records Number and street City If this form is prepared by a company employee who is not an officer, partner, member, or owner, or by a representative, you must provide the information below. Additionally, if you expect to contact the Tax Departmenters, you must attach a Power of Attorney (usually Form POA-1) authorizing you to have access to this busin Name of person preparing form Number and street City Signature of owner, partner, officer, member or individual with a Power of Attorney on file with the New Your Certification: I certify that the above statements are true, complete and correct and that no material information in the knowledge that willfully providing false or fraudulent information with the intent to evade tax may constitute a constitute a constitute of the knowledge that willfully providing false or fraudulent information with the intent to evade tax may constitute a constitute on this document. Printed name of person signing Title Amount due with application. The C of R and decal (credentials) cost \$1.50 per vehicle.	try (enter if other than United States; do not abbreviate) Country (enter if other than United States; do not abbreviate) Country (enter if other than United States; do not abbreviate) Mark an X in the box if your physical or mailing address has changed and has not been reported to us. Enter new address on line 8 name or tax identification number has changed and has not yet been reported to us, call us before mailing this application (see New Type of business (mark an X in one box and specify if Other) Sole proprietor Corporation Partnership LLC LLP Other: Other: Other: Other accounts, list the name, title, social security number, and address of each principal officer of a corporation, or of each powner if sole proprietorship. 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NYS TAX I HUTI/FTA Wake check or money order payable in U.S. funds to Commissioner of Taxation and Finance. Wake check or money order payable in U.S. funds to Commissioner of Taxation and Finance.	try (enter if other than United States: do not abbreviate) Country (enter if other than United States: do not abbreviate) Mark an X 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 name or tax identification number has changed and has not yet been reported to us, call us before mailing this application (see Need help? in Fo Type of business (mark an X in one box and specify if Other) Sole proprietor Or new accounts, list the name, title, social security number, and address of each principal officer of a corporation, or of each partner, or me ward of the proprietorship. Name Title SSN Number and street City State ZIP code of this form is prepared by a company employee who is not an officer, partner, member, or owner, or by an agent, service, accountanters, you must attach a Power of Attorney. DA-1) authorizing you to have access to this business's New York State tax recurrents. New York State tax recurrents are true, complete and correct and that no material information has been omitted. I make the knowledge that willfully providing false or fraudulent information with the intent to evade tax may constitute a felony or other crime under Number and street City State ZIP code Signature of owner, partner, officer, member or individual with a Power of Attorney on file with the New York State Tax Department Cartification: I certify that the above statements are true, complete and correct and that no material information has been omitted. I make the knowledge that willfully providing false or fraudulent information with the intent to evade tax may constitute a felony or other crime under Numbers of this document. Brinter of this document. Department of person signing Title Amount due with application. The C of R and decal (credentials) cost \$1.50 per vehicle. Mail application and p NYS TAX DEPARTMINITATA APPLICAT Walke check or money order payable in U.S. funds to Commissioner of Taxation and Finance.	try (enter if other than United States: do not abbreviate) Country (enter if other than United States: do not abbreviate)	

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Legal name				Taxpayer identification number	n	Employer identification number Suffix, if any OR				Social security number (SSN)			
	Continuation	are requested for the following n Sheet for Form TMT-1. All vert tyour entries in ink.	vehicles. List eanicles with HUT	ach vehicle separatel or AFC credentials m	y. Group trucks, nust display deca	tractors, a	and automotive	e fuel carrier to	railers sep	arately. For additi	onal ve	hicles, use Form TM	Г-1.1,
	А Туре	B Manufacturer's vehicle identification number (VIN)	C Type of vehicle	D Type of fuel	E Make of vehicle	F Year	G Unloaded weight of vehicle	H Gross weight of vehicle	Own or lease	equipment plate num number (required; see		State and license plate number equired; see instr.)	L Mark X in box if temporary plate no.
1	HUT		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				
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