

# REG-3-MC

Calendar Year **2002**

## Application for Motor Carrier Road Tax

If registered, enter Connecticut Tax Registration Number									
									000

**Do not use this application to request International Fuel Tax Agreement (IFTA) decals. Complete CT-IFTA-2 for IFTA decals.**

Use this application to register new accounts or to register additional vehicles for existing accounts.

Please check if your mailing address has changed and indicate new address.

Please read the instructions printed on the back before completing this application. Type or print all entries clearly.

For DRS Use Only				1. Reason for Applying			
TAX	REC	TR	AD	<input type="checkbox"/> New Account <input type="checkbox"/> Registration of Additional Vehicles <input type="checkbox"/> Other (Please Explain)			
00				2. Owner's Name, Partnership Name, Corporate Name, or LLC Name			Federal Employer ID Number
00				3. Trade Name or Registered Name (If different from Line 2)			Social Security Number
00				4. Physical Location of This Business (a PO Box is not acceptable)		ZIP plus 4	Telephone Number (   )
00				5. Business Mailing Address (If different from Line 4)		ZIP plus 4	United States D.O.T. Number
00				6. Name and Home Address of Owner, Partner, Corporate Officer, or LLC Member		Zip Plus 4	Social Security Number
00				7. Name and Home Address of Owner, Partner, Corporate Officer, or LLC Member		Zip Plus 4	Social Security Number
8. Type of Ownership (If other, attach explanation) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other							
8a. If a corporation or an LLC, list state of organization							
9. Are you currently registered with the Connecticut Department of Revenue Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your Connecticut Tax Registration Number in the space provided in the upper right corner of this application.							
10. Describe in detail the type of business you operate							

11. You are applying for identification decals for calendar year **2002**  
Your decals expire December 31st of each year.

12. List lessors who lease vehicles to you (Attach additional sheets if needed.)	
Name	Address

Fees: This section must be completed by all applicants.	13. Extent of Operations (See instruction #3 on reverse)		Number of Qualified Vehicles	Fee	Amount Due
	<input type="checkbox"/> Connecticut Only	<input type="checkbox"/> Connecticut and Elsewhere			
	14. Enter Total Number of Decal Sets Requested			X \$10 =	

Make check or money order payable to: **Commissioner of Revenue Services**

Declaration	I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.		
	<b>X</b>		
	Authorized Signature	Title	Date

For DRS Use Only	TAX	REC	TRANS	REGISTRATION DATE	NAICS CODE	TYPE ORG	STATE	LEGAL DATE	
	00	10		/ /				/ /	
	TAX	REC	TRANS	REGISTRATION DATE	START DATE	TOWN	SOURCE	FILE CODE	EXT OPR
	40			/ /	/ /		1		
SECURITY NO.		SECURITY DATE	SECURITY AMOUNT	REF. BOND DATE	REF. BOND AMOUNT	REG. YEAR	FEE REMITTED		
		/ /		/ /		<b>02</b>			

— Decals Are Not Transferable from Vehicle to Vehicle or from Company to Company —

## General Information

Two numbered decals will be issued for each qualified motor vehicle. One decal must be placed on the lower rear exterior of the passenger side cab door and the matching decal must be placed on the lower rear exterior of the driver side cab door for each vehicle.

Qualified motor vehicles subject to the Connecticut motor carrier road tax are those that are used, designed, or maintained for transportation of persons or property **and**:

1. Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms; **or**
2. Have three or more axles regardless of weight; **or**
3. Are used in combination and the combined gross vehicle weight or registered gross vehicle weight exceeds 26,000 pounds or 11,797 kilograms.

For Connecticut motor carrier road tax purposes, the term **qualified motor vehicle** does not include recreational vehicles.

## Instructions

1. **Change Of Ownership:** If there has been a change of ownership, such as a new partner, incorporation, etc., you must apply for a new Connecticut Tax Registration Number. To apply for a new Connecticut Tax Registration Number, use this form and indicate that you are applying for a new account.
2. The address you list on this application must be the only address for all mail regarding the Connecticut motor carrier road tax. Do not use the mailing address of a tax preparer or a lessor of vehicles as your mailing address.

3. **Line 13 – Extent of Operations:** You must check one of the boxes. This determines whether you must file **OMC-11A**, *Connecticut Motor Carrier Road Tax Return*, or whether you are exempt from filing and can file an annual **Form OR-140**, *Motor Carrier Road Tax Affidavit*.

**Connecticut only** – Check this box only if all your vehicles bear valid Connecticut motor vehicle plates, operate solely within Connecticut, and pay Connecticut motor fuels taxes on all fuel purchased. If so, complete and return the enclosed affidavit, **Form OR-140**, within the designated time in order to be exempt from filing quarterly returns.

**Connecticut and elsewhere** – If you check this box, you should apply for International Fuel Tax Agreement (IFTA) decals. Please call and request **CT-IFTA-2**, *Application for IFTA License Connecticut Carrier*.

4. This application must be signed by an owner, partner, corporate officer, or LLC member.
5. Failure to complete all items on this application may result in a delay in processing your application.
6. Make your check payable to:  
**Commissioner of Revenue Services.**

Return the completed application with full payment to:

Department of Revenue Services  
Registration Section  
PO Box 2937  
Hartford CT 06104-2937

If you need additional information or assistance about this application or registering your vehicle(s), please call the Department of Revenue Services, Registration Section, at **860-297-4870**, Monday through Friday, 8:00 a.m. to 5:00 p.m.