

Department of Revenue Services
 State of Connecticut
 PO Box 2937
 Hartford CT 06104-2937
 (Rev. 12/15)

REG-3-MC

Application for Motor Carrier Road Tax

Calendar Year 2016

If registered, enter Connecticut Tax Registration Number
▶

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

Check if your mailing address has changed and indicate new address.

Use this application to register new accounts or additional vehicles on existing accounts. Complete this application in blue or black ink only. Type or print all entries clearly. Read the instructions printed on the back before completing this application.

1. Reason for applying <input type="checkbox"/> New account <input type="checkbox"/> Registration of additional vehicles <input type="checkbox"/> Other (Explain)		
2. Owner's name, partnership name, corporate name, or limited liability company (LLC) name		Federal Employer ID Number (FEIN)
3. Trade name or registered name (if different from Line 2)		Social Security Number (SSN)
4. Physical location of this business: PO Box is not acceptable.	ZIP code	Telephone number ()
5. Business mailing address (if different from Line 4)	ZIP code	United States DOT Number
6. Name and home address of owner, partner, corporate officer, or LLC member	ZIP code	SSN
7. Name and home address of owner, partner, corporate officer, or LLC member	ZIP code	SSN
8. Type of ownership (If other , attach explanation.) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> General partnership <input type="checkbox"/> Limited partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Single member LLC <input type="checkbox"/> Check if taxed as a corporation <input type="checkbox"/> Check if taxed as a corporation		8a. Organized under laws of what state?
9. Are you currently registered with the Connecticut Department of Revenue Services (DRS)? <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.		

You are applying for identification decals for calendar year **2016**. Your decals will expire December 31, 2016.

11. List lessors who lease vehicles to you. Attach additional sheets if needed.

Name	Address

Fees: This section must be completed by all applicants.	12. Enter total number of decal sets requested. ▶	Number of qualified vehicles	Fee X \$10 =	Amount due ▶
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Make check payable to **Commissioner of Revenue Services**.

Declaration: The undersigned represents that: (1) All of the applicant's qualified motor vehicles will be operated solely within Connecticut during calendar year 2016; (2) All of the motor fuel to be used in operating such vehicles will be purchased solely within Connecticut during calendar year 2016; and (3) Connecticut motor vehicle fuels tax will be paid on all such purchases during calendar year 2016. The undersigned agrees to report immediately to DRS if any of these three representations are no longer true or accurate. I declare under penalty of law that I have examined this application (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. I understand motor carrier road tax decals may not be transferred by me to another person or from one vehicle to another.

Signature of owner, partner, LLC member, or corporate officer	Title	Date
▶ Email address of owner, partner, LLC member, or corporate officer		

Decals are not transferable from vehicle to vehicle or from company to company

REG-3-MC Instructions

Complete this application blue or black ink only.

Complete form **REG-3-MC**, *Application for Motor Carrier Road Tax*, to apply for calendar year 2016 motor carrier decals. 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 used, designed, or maintained for transportation of persons or property **and**:

- Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms;
- Have three or more axles regardless of weight; **or**
- 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 not used in connection with any trade or business.

Do not use this motor carrier road tax application to request International Fuel Tax Agreement (IFTA) decals. To request IFTA decals, complete **CT-IFTA-2**, *Application for International Fuel Tax Agreement (IFTA) License Connecticut Carrier*.

Instructions

- Line 1.** Indicate new account, registration of additional vehicles, or other reason (renewal, replacement decals, or change of ownership). If there has been any change of identity or form of ownership or organization, such as the addition of a new partner or the incorporation of the business, you must use form REG-3-MC to apply for a new Connecticut Tax Registration Number. If you are registered with the Connecticut Department of Revenue Services (DRS), enter your Connecticut Tax Registration Number in the upper right corner of this form.
- Line 2.** Print the name of the owner, partnership, limited liability company (LLC), or corporate name. Enter proprietor's name if a sole proprietorship.
- Line 3.** Print the trade or registered name if different from Line 2. A trade or registered name is **the name under which business is done**, but not necessarily the owner's name. Example: If John Travel is the proprietorship entered on Line 2, but John T. Trucker Co. is the name chosen by John Travel for his business, then John T. Trucker Co. is the name he would enter on Line 3.

- Line 4.** Print the physical location of the business. PO boxes are not acceptable. Indicate where the business is actually located.
- Line 5.** Print the mailing address of the business if different from Line 4. Only complete this if different from the business address listed above.
- Line 6.** Print the name and home address of proprietor, partner, LLC member, or corporate officer. Identify the proprietor if a sole proprietorship; partners if a partnership; or officers if a corporation.
- Line 7.** Print the home address of partner, LLC member, or corporate officer.
- Line 8.** Indicate the type of business and enter its Federal Employer Identification Number (FEIN) in the spaces provided on Line 2. If it is a sole proprietorship with no employees and is not required to have a FEIN, enter the proprietor's Social Security Number (SSN) in the spaces provided on Line 6 and Line 7. If **Other**, attach an explanation.
- Line 8a.** Enter the name of the state under the laws of which the business is organized.
- Line 9.** Indicate whether you are registered with DRS. If you checked **Yes** on Line 9, enter your Connecticut Tax Registration Number in the space provided in the upper right hand corner of this form.
- Line 10.** Provide details of your business operations.
- Line 11.** Provide the names and addresses of the lessors you lease vehicles from.
- Line 12.** Indicate the number of qualified motor vehicles requiring decals and multiply by \$10. Enter the amount due.

This application must be signed by an owner, partner, corporate officer, or LLC member.

Failure to complete all items on this application may result in a delay in processing your application.

Make check payable to **Commissioner of Revenue Services**. DRS may submit your check to your bank electronically. Do not send cash. Return the completed application with full payment.

Mail to: Department of Revenue Services
Operations Division/Registration
PO Box 2937
Hartford CT 06104-2937

If you need assistance or additional information about applications or registering your vehicle(s), call DRS at **860-297-4870**, Monday through Friday, 8:30 a.m. to 4:30 p.m.