

STATE OF MAINE
SPECIAL FUEL USER'S DECAL APPLICATION
Motor Carrier Services, Fuel Unit, 29 SHS, Augusta, ME 04333-0029
Tel: (207) 624-9000 Ext. 52137 TTY Users call Maine relay 711
http://www.maine.gov/sos/bmv/commercial

PLEASE CHECK ONE: NEW APPLICANT [] ADDITIONAL DECAL(S) []

*** For a RENEWAL Application, please call the Fuel Unit at (207) 624-9000, Ext. 52137 ***

[]

Federal ID/SSN or Social Insurance (Required)

[]

DOT Number (Required)

Legal Name (If not Incorporated, YOUR name)
Mailing Address
City State Zip
E-mail address (if any)

Doing Business As (DBA)
Telephone Number (Required)
Physical Location (No PO Box #'s)
City / Town State Zip

Type of Ownership: Individual [] Partnership [] Corporation [] LLC [] Other []

Type of Vehicles: Trucks [] Buses [] (Dealer plated vehicles do not require decals in Maine)

Do you lease vehicles? Yes [] No [] If yes, From others [] To others []

Number of Decals (1 decal per vehicle) _____ X \$5.00 = _____

Please make checks payable to: SECRETARY OF STATE

Upon filing this application with the State of Maine, you are exempt from filing fuel tax returns, except if you previously had an IFTA account. You must file all returns, pay any owed taxes, and close the IFTA account. Contact the IFTA Unit for additional information. If at any time during the tax year your status should change, you need to notify this office and file the necessary returns. I declare under penalty of false statement, that to the best of my knowledge and belief, the statements contained herein are true and correct.

Signature (Required) Title Date

Disclosure: This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Providing your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is mandatory and is required by State and Federal law or rule to receive Motor Carrier credentials. Your SSN or FEIN will be used solely for identification purposes and will be kept confidential.

FOR OFFICE USE ONLY: FROM _____ TO _____ INTLS _____ REEL: _____
CC AUTH # _____ CHECK# _____ MO# _____ CASH _____ FRAME: _____
VS Status: _____ DOT: _____ UCR: _____ CORP: _____ Lic-Decals Issued: _____
(Active-In Good Standing) (If applicable) Revised 7/09/2012