



**Application for Highway Use
and/or Automotive Fuel Carrier Permits
17th Series (Valid 1/1/2000 through 12/31/2002)**

For each motor vehicle - permit fee of \$15.00. For each trailer, semitrailer or other attached device transporting automotive fuel - permit fee of \$5.00.

Notice: All other trailers, semitrailers and attached devices **do not** need permits and stickers. Make remittance payable to the **Commissioner of Taxation and Finance**.

For office use only	
Total amount and no. of permits	
Amount	Number
\$	
Deposit number	

Read instructions on back before completing this form. **Type or print in ink.**

All items must be completed or application will be returned. Prepare in duplicate and keep one copy for your records.

1. Identification number	Federal employer identification number (EIN)	Suffix, if any	or	Social security number (SSN)	S	S
2. Legal name		3. U.S. DOT #		4. IFTA base jurisdiction		<input type="checkbox"/> Check this box if you are a new carrier.
5. Trade name		6. Business telephone number ()				
7. Business address		8. Mailing address for permits (if different from business address)				<input type="checkbox"/> Check this box if you have other vehicles permitted in New York State.
City	State ZIP code	City	State ZIP code			
9. <input type="checkbox"/> Check this box if the above name or address is different from the most recently filed application. If a change has taken place, complete Form DTF-95, <i>Change of Business Information</i> . Get Form DTF-95 by calling toll free 1 800 462-8100. From areas outside New York State and outside Canada, call (518) 485-6800.						
10. <input type="checkbox"/> Check this box to establish a separate suffix account: If either the name or address in items 2 or 7 above is different from information you previously furnished for the above ID number, and you want these permits issued in a separate account for which separate tax returns will be filed, we will establish a separate account by adding a suffix to your ID number. This suffix, which will appear on your permits, must be used with the ID number on all future applications, tax returns and correspondence concerning this account.						
11. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other (specify): _____						
12. Permits are requested for the following vehicles. List each vehicle separately. Group separately trucks, tractors and automotive fuel carrier trailers. Use a continuation sheet (Form TMT-1.1) for additional vehicles. Complete information concerning leased vehicles in item 14 below. Gross weight must be entered in column H below for all vehicles.						

Read instructions on back	A	B	C	D	E	F	G	H	I
For office use only	Auto fuel	Manufacturer's serial number	Type	Power	Make of vehicle	Year	Unloaded weight	Gross weight	Owned or leased

13. Enter the name, title, SSN, and address of each principal officer of the corporation, or of each partner, owner, etc. (attach additional sheets if necessary)

Name	Title	SSN	Number and street	City or town, state, ZIP code

14. For leased vehicles above, list manufacturer's serial number, owner's name, EIN or SSN and address (attach additional sheets if necessary).

Serial number	Name of owner	Owner's EIN or SSN	Check (X):		Owner's address
			EIN	SSN	

15. Office where fuel and mileage records will be available for audit.

Name of representative or agent	Number and street	City	State	ZIP code	Telephone number ()

16. I certify that the statements in this application and the list of vehicles are true, correct and complete.

Date	Signature	Title	Business telephone number ()