

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, <u>YOUR</u> 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 _____
	VS Status: _____	DOT: _____	UCR: _____	CORP: _____
	(Active-In Good Standing)	(If applicable)		Lic-Decals Issued: _____

Revised 7/09/2012