

STATE OF MAINE

SPECIAL FUEL USER'S DECAL APPLICATION

Motor Carrier Section, Fuel Unit, 29 State House, Augusta, ME 04333-0029

Tel: (207) 624-9000, Ext. 52137 TTY Users call Maine Relay 711

https://www.maine.gov/sos/bmv/vehicles/commercial-vehicles-motor-carrier-services

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)

[]

Doing Business As (DBA)

Mailing Address

Telephone Number (Required)

City State Zip

Physical Location (No PO Box #'s)

E-mail address (if applicable)

City / Town State Zip

Please check one option:

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: _____ Miles-Gals: _____ DOT: _____ Corp: _____ UCR: _____ Explore: _____ Lic-Decals Issued: _____ (Active-In Good Standing) (If applicable) (If applicable)