

Department of Revenue Services
State of Connecticut
PO Box 2937
Hartford CT 06104-2937
(Rev. 12/19)

REG-3-MC

Application for Motor Carrier Road Tax

Calendar Year **2020**

If registered, enter Connecticut Tax Registration Number
▶

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

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

Complete this form in blue or black ink only. Please see the instructions before completing this form.

1. Reason for applying <input type="checkbox"/> New account <input type="checkbox"/> Registration of additional vehicles <input type="checkbox"/> Other (Explain)	
2. Name of owner, partnership, corporation, or LLC	Federal Employer ID Number (FEIN), if applicable
3. Trade name or registered name, if different from Line 2	
4. Physical location of this business: PO Box is not acceptable	Telephone number — —
5. Business mailing address, if different from Line 4	United States DOT Number
6. Name and home address of owner (sole proprietor), partner, LLC member, or corporate officer	Social Security Number (SSN)
7. Name and home address of other partner, LLC member, or corporate officer	SSN
8. Type of ownership: <input type="checkbox"/> Other: _____ <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 **2020**. Your decals will expire December 31, 2020.

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

Name	Address

12. Fees: All applicants must complete this section.	Enter total number of motor vehicles requiring decals: ▶	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 2020; (2) All of the motor fuel to be used in operating such vehicles will be purchased solely within Connecticut during calendar year 2020; and (3) Connecticut motor vehicle fuels tax will be paid on all such purchases during calendar year 2020. 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 form in blue or black ink only. Do not use staples.

Complete form **REG-3-MC**, *Application for Motor Carrier Road Tax*, to apply for calendar year 2020 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.

Please note that each form is year specific. To prevent any delay in processing your application, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

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*. You may not transfer motor carrier decals to another person or from one vehicle to another.

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 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 the name of the owner if a sole proprietorship. Enter the Federal Employer Identification Number (FEIN), if applicable.
- 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. A PO Box is not accepted as a physical location.

- Line 5** - Print the mailing address of the business if different from the physical location of this business (Line 4).
- Line 6** - Print the name and home address of owner (sole proprietor), partner, LLC member, or corporate officer. Identify the name entered as owner, if a sole proprietorship; partner if a partnership; LLC member if an LLC; or officer if a corporation. Include the Social Security Number (SSN) in the space provided.
- Line 7** - Print the name and home address of other partner, LLC member, or corporate officer. Identify the name entered as partner if a partnership; LLC member if an LLC; or officer if a corporation. Include the SSN in the space provided.
- Line 8** - Check the appropriate box to indicate the type of ownership. Enter the FEIN in the space provided on Line 2, if applicable. If type of ownership is "Other", explain on the line provided.
- 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** - Describe in detail the type of business you operate.
- Line 11** - Provide the names and addresses of the lessors you lease vehicles from.
- Line 12** - Indicate the number of motor vehicles requiring decals, multiply by \$10 and enter the result in amount due.

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

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
State of Connecticut
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.

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.

Forms and Publications: Visit the DRS website at portal.ct.gov/DRS to download and print Connecticut tax forms and publications.