



New Account Application for Highway Use Tax (HUT) and Automotive Fuel Carrier (AFC)

TMT-39

(4/11)



Get your credentials online in minutes at www.oscar.ny.gov

To use OSCAR all you need is an active USDOT number and a Highway Use Tax (HUT) account



- **Read the instructions**, Form TMT-39-I, before completing this form. Incomplete and incorrectly prepared forms will not be processed.
- Use this form to establish a Highway Use Tax (HUT) account. When your account is approved, you will be instructed to obtain your HUT/AFC credentials online. You will need Internet access.
- Do not use this form if you previously registered for HUT. Go directly to www.oscar.ny.gov
- Fax completed form to (518) 435-8538. Please allow three business days for processing.

1. Identification number

Employer identification number (EIN) Suffix, if any

OR

Social security number

SS

2. USDOT number	3. Business phone number	4. Email address		5. Fax number	
6. Legal name			7. Doing business as (DBA) name, if different from legal name		
8. Physical address (number and street)			9. Mailing address (if different than physical address; number and street or PO box)		
City		State	ZIP code	City	
				State	
				ZIP code	
Country (enter if other than United States; do not abbreviate)			Country (enter if other than United States; do not abbreviate)		
10. Type of business (mark an X in one box and specify if Other)					
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other: _____					
11. List the name, title, social security number, and address of each principal officer of a corporation, or of each partner, or member of an LLC/LLP, or owner if sole proprietorship.					
Name	Title	SSN	Number and street	City	State
					ZIP code
12. Enter the location where tax and mileage records will be available for audit.					
Name of custodian of records		Number and street	City	State	ZIP code
					Telephone number
13. <input type="checkbox"/> Mark an X in the box if this form is completed by an agent or other representative.					
<input type="checkbox"/> Mark an X in the box if this form is completed by an employee who is not an officer of a corporation, partner of a partnership, or member of an LLC/LLP, or owner if sole proprietor.					
14. Enter name, address, and phone number of the person completing this form.					
Name of employee		Title	Number and street	City	State
					ZIP code
					Telephone number
15. <input type="checkbox"/> Mark an X in the box if line 16 is signed by an employee who is not an officer, partner, member, or proprietor.					
<input type="checkbox"/> Mark an X in the box if line 16 is signed by an agent, service, or other representative.					
If you mark either box, you must fax a Form POA-1, <i>Power of Attorney</i> , with this application.					
16. Signature		Printed name of person signing		Title	Date signed

- Fax completed form to (518) 435-8538.
- We will not process incomplete and incorrectly prepared forms.
- Questions? Call (518) 457-5735.