



HUT/AFC Registration Information For New Accounts

1 Identification number	Federal employer identification number (EIN)	Suffix, if any	or	Social security number (SSN)	S S
	2 Legal name (see instructions)				

3 Type of business

Sole proprietorship Partnership Corporation Limited Liability Corporation (LLC) Limited Liability Partnership (LLP)

4 Names, titles, SSNs, and residence addresses of principal officers of corporation or of members, partners, owners, etc.

Name	Title	SSN	
Number and street address	City or town	State or province	ZIP code
Name	Title	SSN	
Number and street address	City or town	State or province	ZIP code
Name	Title	SSN	
Number and street address	City or town	State or province	ZIP code

5 Office where fuel and mileage records are available for audit

Name	Telephone number ()	
Number and street address	City or town	State or province ZIP code

6 Name of preparer

Name	Signature	Date
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Instructions

General information

Motor carriers not registered with New York State Highway Use Tax (HUT) Registration Unit must complete this form when requesting emergency HUT and/or automotive fuel carrier (AFC) permits through a service bureau. Service bureaus must submit a completed Form TR-8.1 along with Form TR-8, *Temporary Credential*, to the HUT Emergency Permit Unit.

Line instructions

- Line 1** — Enter the business's EIN or SSN.
- Line 2** — Enter the exact legal name of the business. *Legal name* is defined as follows for a variety of entities:
 - Corporation* — name that appears on its *Certificate of Incorporation*
 - LLC* — name that appears on its articles of organization

- Partnership or LLP* — name that appears on its partnership agreement
- Sole proprietorship* — name of the individual owner of the business

Line 3 — Mark an **X** in the box indicating whether the applicant is an individual, partnership, corporation, LLC, or LLP.

Line 4 — Enter the name, title, SSN, and resident address of each principal corporate officer, partner, member of an LLC or LLP, or individual owner. Also enter the name of the executor, administrator, receiver, trustee, or other fiduciary if applicable. Attach additional sheets if necessary.

Line 5 — Enter the address and phone number of the office where fuel and mileage records are available for audit and the name of the custodian or other person responsible for maintaining those records.