Utah State Tax Commission, Division of Motor Vehicles

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Original and Supplemental Application - Utah A and C

TC-853A

Rev. 10/12

Name of applicant						Business telephone number					License year Fleet Account number UT-						Circle one Non-Expiring	circle or
Business street address (where records are kept - must be a Utah address)						Mailing street address					Person to contact regarding application				Telephone number			MAR JU SEP DE
ity County State ZIP code					ZIP code	City State ZIP code				City			State	ate Fax number			Multi-Year Intra-State	SEF DE
ype of operation (check the ONE that applies)											Federal identification				n number U. S. DOT num		DOT number	
Common	Carrier	Cont	ract Carrier	Private Carrier	Rental	Company	Utah Exempt	Property Tax Exempt Organi	zation									
Unit number	Year	Make	V	ehicle Identification Numb	er	Unlade L weigh		Name of owner	Date of purchase	Purchase price	Factory te price	Temp.	License plate number	USDOT number	Y/N **	tav	Office Use Only y Dealer name of previous licens number year	or Vorifi
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etions							** Will the c	ontrol and responsibility for the safe	etv of this vehicle be a	assigned to a dif	ferent Motor Carrier du	uring the	registration	vear by lease	2			
Unit number				My signature below acknowledges that under penalty of law, I certify, under the penalties of perjury, that the information herein is true, correct, and complete.										OFFICE USE ONLY				
						Utah Special Fuel: I hereby certify that I have qualified with the Utah State Tax Commission and that I will make reports as required, under the federal identification number listed on this form.												
															/M ver	itied		
						Signature					Date							