

**APPLICATION FOR TRUCK PART
DIRECT PAY AUTHORIZATION**



Name of Applicant	Enter Legal Business Name _____ _____ Trade or DBA Name	Federal Employer Identification No. ____ - ____ - _____
Business Location	Principal Location Address _____ City _____ County _____ State _____ ZIP Code _____	
Mailing Address	Mailing Address _____ City _____ County _____ State _____ ZIP Code _____ () () Telephone Number _____ Fax Number _____ E-mail Address _____	
Account Information	Kentucky Account Numbers	
	Kentucky Sales Tax* _____ Kentucky Employer's Withholding _____ Kentucky Consumers Use Tax* _____ Kentucky Corporation Income _____ <i>(*Applicant must have one of these accounts to qualify.)</i> and License _____	
Other Information	<p>(1) Provide a brief description of the Kentucky business activity. _____ _____ _____</p> <p>(2) Provide the applicant's USDOT Number. _____</p> <p>(3) Indicate below how many motor vehicles the applicant owns or leases that will qualify for the repair and replacement part exemption provided under KRS 139.480(32). To qualify, the vehicles must be (a) licensed for highway use at a declared weight with any towed unit of 44,001 pounds or greater, (b) driven exclusively in interstate routes involving more than one state (nominal intrastate use is allowed), and (c) for the conveyance of property or passengers for hire.</p> <p>Truck Tractors _____</p> <p>Trailers _____</p> <p>Other _____ (Describe vehicle type) _____</p> <p>(4) Business records must track the amount of truck repair and replacement parts purchased from a Kentucky vendor or from an out-of-state vendor for storage, use, or other consumption in this state. Attach a detailed description of the documentation maintained that reflects the proper amount of taxable purchases.</p>	

I hereby certify that the above statements are correct to the best of my knowledge and belief and that I am duly authorized to sign this application. I agree that, in consideration for issuance of this Truck Part Direct Pay Authorization, I will directly report and pay to the Revenue Cabinet, the sales or use tax that would have been remitted to the Cabinet by my supplier had this Truck Part Direct Pay Authorization not been issued.

Signature Title

Print Name Date

**Mail to:
Sales and Use Tax Branch
P.O. Box 181
Frankfort, KY 40602-0181**