



Town of Smithfield

64 FARNUM PIKE

SMITHFIELD, RHODE ISLAND 02917-3203

TELEPHONE (401) 233-1014 FAX (401) 232-7244

AFFIDAVIT OF TRUCKS AND BUSES OPERATED EXCLUSIVELY IN INTERSTATE COMMERCE

NAME OF REGISTRANT	OWNER (IF DIFFERENT FROM REGISTRANT)			
PHYSICAL ADDRESS	<u>Smithfield</u>	Rhode Island	()	PHONE #
	CITY/TOWN	STATE	ZIP	
MAILING ADDRESS	CITY/TOWN	STATE	ZIP	PHONE #
USDOT#:	MC or MX#:	DUNS#:	State Carrier ID#:	

I _____ hereby certify that I am a trucking or Bus Company that transports goods **for hire** and that the vehicle(s) herein described will be both:

A: Used **exclusively** in interstate operations under MC permit number: _____
Traveling routes being (name states): _____

B: Engaged in the hauling of the following items: _____
Exclusively in the conduct of interstate commerce traveling routes.

DESCRIPTION OF VEHICLE(S): (For additional vehicles complete the reverse side or attach schedule)

MODEL	MAKE	YEAR	VEHICLE IDENTIFICATION #	REGISTRATION NUMBER

ALL VEHICLES REGISTERED TO YOUR COMPANY WILL BE TAXED AND ASSUMED THAT THESE VEHICLES ARE NOT USED **EXCLUSIVELY FOR INTERSTATE COMMERCE** IF THIS FORM IS NOT COMPLETED AND RETURNED BY MARCH 1ST , 2013

(see back of form for signature)

MODEL	MAKE	YEAR	VEHICLE IDENTIFICATION #	REGISTRATION NUMBER
MODEL	MAKE	YEAR	VEHICLE IDENTIFICATION #	REGISTRATION NUMBER
MODEL	MAKE	YEAR	VEHICLE IDENTIFICATION #	REGISTRATION NUMBER
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MODEL	MAKE	YEAR	VEHICLE IDENTIFICATION #	REGISTRATION NUMBER

In order to receive an exemption from excise tax, the above referenced information you have submitted must match **EXACTLY** with information supplied to the Town of Smithfield by the Rhode Island Division of Motor Vehicles (Year/Make/Model/**Registration #** & Vehicle Identification Number). It is advisable for you to check with the Rhode Island Division of Motor Vehicles prior to submitting this form, correct any incorrect information that they may have regarding your vehicle(s), and have them e-mail us the corrected information at assessor@smithfieldri.com.

I swear that the vehicle(s) listed above is (are) exempt from Excise Tax from the Town of Smithfield on the basis that such vehicle(s) will be used as described in both box A and B above. I further understand that any other use may subject the vehicle(s) to Excise Tax from the Town of Smithfield.

Signed under penalty of perjury on this the _____ day of _____

NAME OF REGISTRANT:

TITLE:

SIGNATURE OF REGISTRANT:

WITNESSED BY: