51A160 (11-21)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

APPLICATION FOR TRUCK PART DIRECT PAY AUTHORIZATION

TEAM KENTUCKY

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 Consumers Use Tax* _____ ***(*Applicant must have one of these accounts to qualify.)*** Kentucky Employer's Withholding _____ Kentucky Corporation Income and License _____	
Other Information	(1) Provide a brief description of the Kentucky business activity. _____ _____ _____ (2) Provide the applicant's USDOT Number. _____ (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(31). **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.** Truck Tractors _____ Trailers _____ Other _____ (Describe vehicle type) _____ (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.**	

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 Department of Revenue, the sales or use tax that would have been remitted to the department by my supplier had this Truck Part Direct Pay Authorization not been issued.

_____ Signature

_____ Title

_____ Print Name

_____ Date

Mail to:
KY Department of Revenue
Sales and Use Tax Division
P.O. Box 181
Frankfort, KY 40602-0181