OF THE

Utah State Tax Commission

Original and Supplement Rental Application

TC-853B Rev. 10/13

Division of Mot	tor Vehicl	es · PO Box	30412, Salt Lake C	ity, UT 84130 · Teleph	none 801-297-7780	or 1-800-368	8-8824 Moto	or Carrier Services · 8	801-297-6800 or 1-800-2	51-9555; Fax: 801-2	297-6899						(et forms online -	tax.utah.gov	
Name of applicant Business street address (where records are kept - must be a Utah address)						Business telephone number Mailing street address					License y	License year Fleet Account number UT-							Indicate the month of expiration	
											Person to						e number	Check box if this is a nonexpiring rental fleet		
City County State ZIP code				City State ZIP code			City	City			State	Fax numl	ber	Federal identification no.						
							Declared	4								Linaman		Office Use Only		
Unit number	Year	Make	Vehic	cle Identification Num	ber		aden combined eight gross weig	d g g	Name of owner		Date of purchase	Purchase price	Factory price	Plate	Title Temp.	License plate number	Property tax 1 yr. 2 yr	Dealer name or previous license number year	Verified by	
Deletions																	OFFICE	USE ONLY		
Unit number	Plate VIN			ly signature below acknowledges that under penalty of law, I certify, under the penalties of perjury, that the infor prrect, and complete.							nformation here	ormation herein is true,			HVUT verified					
			Siç		gnature						Date				1/1	I/M verified				
					F	uel Key:	D-Diesel G-Gasoline	P-Propane N-Natural	GH-Gasohol				1			1				