



**CITY OF
CENTRAL FALLS**

**STATE OF
RHODE ISLAND**

Office of the City Assessor

580 Broad Street, Central Falls Rhode Island 02863
(401) 727-7430 - Fax (401) 727-7472

**AFFIDAVIT OF TRUCKS
AND BUSES OPERATED
EXCLUSIVELY IN INTERSTATE COMMERCE**

RIGL
44-34-4.1

****Must be filed by March 15th, annually****

Name of Registrant

& Owner (if different from registrant)

St. Address	City/Town	State	Zip	PHONE #
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I hereby certify that I am a trucking or bus company that transports goods or people for hire
and the vehicle herein described will be:

_____ A. Used exclusively in interstate operations under ICC permit no.
traveling routes _____

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

**DESCRIPTION OF VEHICLE (FOR ADDITIONAL
VEHICLES PLEASE ATTACH A SHEET)**

Year	Make	Model	Registration Plate	Vehicle Identification Number-VIN# (17 digit)
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I swear that the vehicle listed above is exempt from City Excise Tax on the basis that such vehicle will be
used as *checked in Box A or B above*. Any other use may subject the vehicle to the City Excise Tax.

Signed under penalty of perjury this _____ day of _____, 20_____.

Name of Registrant

Title

Signature

Notary Public
My commission
expires _____

ALL VEHICLES REGISTERED TO YOU OR YOUR COMPANY WILL BE TAXED AND IT WILL BE ASSUMED THAT
THESE VEHICLES ARE NOT USED EXCLUSIVELY FOR INTERSTATE COMMERCE IF THIS FORM IS NOT
COMPLETED AND RETURNED BY MARCH 15, 20_____.

**ATTACH PROOF VEHICLE IS BEING USED EXCLUSIVELY FOR INTERSTATE COMMERCE: (letter w/dates truck used for interstate commerce).
OR submit truck logs for Assessor review with your application.**