

**FIRST TIME APPLICANTS MUST SUBMIT A COPY OF LOG WITH FORM**

TOWN OF SMITHFIELD  
TAX ASSESSOR'S OFFICE

AFFIDAVIT OF TRUCK OPERATED EXCLUSIVELY IN  
INTERSTATE COMMERCE

I \_\_\_\_\_ of \_\_\_\_\_  
Name of Registrant Address  
\_\_\_\_\_  
City/Town State Zip Code

hereby certify that I am a trucking company that transport goods for hire and the vehicle herein described will be :

A.)  Used exclusively in interstate operations under ICC permit number \_\_\_\_\_ traveling routes  
\_\_\_\_\_  
\_\_\_\_\_

B.)  Engaged in hauling the following \_\_\_\_\_  
\_\_\_\_\_ exclusively in the conduct of interstate commerce traveling routes \_\_\_\_\_  
\_\_\_\_\_

Description of Vehicle

Year	Make	Model	RI Registration Plate Number Plate Type (40)
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Complete (V.I.N) Vehicle Identification Number \_\_\_\_\_

I swear that the vehicle listed above is exempt from Town Excise Tax on the basis that such vehicle will be used as check in box A or B above. Any other use may subject the vehicle to Town Excise Tax.

Signed under penalty of perjury on this day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Name of Registrant (Print or Type) Title

\_\_\_\_\_  
Signature Witnessed By

-Must file separately for each vehicle-  
-Must be filed annually-  
File Date March 15