



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR MOTOR  
CARRIER PROPERTY TAX**

**PT-442**

(Rev. 6/9/06)  
7070

Telephone: (803) 898-5222

Mail to: South Carolina Department of Revenue  
License and Registration  
Columbia, South Carolina 29214-0140

For Office Use

SID No. \_\_\_\_\_

File No. \_\_\_\_\_

FEI \_\_\_\_\_

SSN \_\_\_\_\_

1. Name of Owner/Corporation \_\_\_\_\_
2. Business Name \_\_\_\_\_
3. Physical Location (no post office box) \_\_\_\_\_  
Please Print or Type
4. Mailing Address \_\_\_\_\_  
Street No. - RFD, Post Office Box      City      County      State      Zip Code
5. Open Date at this Location \_\_\_\_\_
6. Telephone \_\_\_\_\_
7. No. of Locations \_\_\_\_\_

8. Type Of Ownership

- Sole Proprietor       LLC/LLP
- Partnership       Unincorporated Association; Enter Legal Name
- Corporation; Enter Charter Name \_\_\_\_\_
- Other; Explain \_\_\_\_\_

9. Names of Business Owner, Partners or Officers:

Name/Title	Social Security No.	Address	If Partner, Percent Owned
1.			
2.			
3.			
4.			

10. We have physical locations (real property owned or leased) in the following counties: \_\_\_\_\_

I declare that the application, including the accompanying schedules, if any, has been examined by me and to the best of my knowledge and belief the information contained therein is true and correct.

\_\_\_\_\_  
SIGNATURE OWNER, PARTNERS OR CORPORATE OFFICER      TITLE      DATE

The statutes covering the Motor Carrier Property Tax are Code Sections 12-37-2810 through 2880.

**Social Security Privacy Act**

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-1 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

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