DEPARTMENT OF REVENUE

Form MCDP-AP, Motor Carrier Direct Pay Application

Complete this application if you engage in **interstate transportation** and want to pay Minnesota sales tax based on the Minnesota prorate percentage (M.S. 297A.90).

Print or Type

Name of Applicant	Minnesota Tax ID Number
Name of Applicant's Business	Daytime Phone ( )
Business Address	E-mail Address
City State ZIP Code	

Qualifications

Check the reason you qualify for this permit. Enter any additional information requested.

☐ I hold ICC number _____. Attach a copy of your permit.

☐ I haul exempt commodities interstate. Enter your DOT file number _____

☐ I am a private carrier. Enter your prorate number _____

☐ I am under contract with an interstate carrier.
Carrier's ICC number _____ . Attach a copy of the contract.

Name of carrier _____ Date of contract _____

Address _____ Phone _____

Reason for Application

Check the reasons you are applying for this permit. Enter any additional information requested.

☐ To pay the prorated tax on purchases of qualifying parts and accessories for interstate mobile transportation equipment.

☐ To pay the prorated tax on payments made for leasing interstate mobile transportation equipment *(complete the following).*

Company from which you lease the equipment _____ Monthly lease payment $ _____

Address _____

Sign Here

I declare that the information on this application is true and correct to the best of my knowledge and belief.

Signature of applicant Title Date

Mail or email to: Minnesota Department of Revenue, Mail Station 6330, St. Paul, MN 55146-6330. Email: salesuse.mcdp.mdor@state.mn.us.

If you have questions, call 651-296-6181 or email salesuse.mcdp.mdor@state.mn.us.
To apply for a Minnesota tax ID number, call 651-282-5225.