



Secretary of State
Mileage Weight Tax Registration
Affirmation and Certification

This space for use by
Secretary of State.

Secretary of State
Vehicle Services Department
Commercial & Farm Truck Division
501 S. Second St., Rm. 300
Springfield, IL 62756
217-785-1810
www.cyberdriveillinois.com

Mileage Weight Tax Registration is based upon the
restrictions, rules and guidelines contained in the Illinois
Vehicle Code 625 ILCS 5/3-818. Operation of vehicles
with inoperable or missing odometers or hub-o-meters is
prohibited by 625 ILCS 5/3-701 and penalties are stated
in 625 ILCS 5/3-704.

Mileage File # _____

Following Audit of Mileage Weight Tax Registrations:

AFFIRMATION and CERTIFICATION

I/we hereby affirm that I/we have read the instructions for Mileage Weight Tax registration, including the requirements for daily mileage record-keeping; proper and timely reporting procedures; and the payment of excess mileage fees, when assessed, and understand the same. I/we affirm that failure to maintain proper records and/or submit proper reports and pay excess mileage fees, when assessed, may result in the suspension or revocation of any and all registrations under my ownership until such time requirements have been satisfied and delinquent fees paid. I/we affirm that no vehicle, while under my ownership, will be found to be operating with a broken or disconnected odometer or hub-o-meter. I/we affirm that it is my/our responsibility to ensure, at all times, compliance with all requirements of the Mileage Weight Tax Registration as defined or stated in the Illinois Vehicle Code (625 ILCS 5/ et.al.). I/we affirm and certify, under penalty of perjury, that all information contained herein and any associated applications and documents is true and correct.

Signature of Registrant or Authorized Person

Date Signed

Printed Name of Registrant or Authorized Person Signing form

Contact Telephone Number

Special Audit:

Not applicable
Secretary of State Employees Initials

AGREEMENT

I/we hereby agree that this Mileage Weight Tax File may be re-reviewed on or before _____ for a determination and evaluation of such mileage and fuel consumption/purchase records maintained for proper compliance. Should the requirements be found out of compliance, I/we hereby agree to terminate all Mileage Weight Tax registrations and submit those vehicles to registration under the Flat Weight Tax, paying any and all applicable fees due and owing for that purpose.

Registrants Initials

Date

Auditors Initials

Date

SECRETARY OF STATE ACKNOWLEDGMENT

I, _____, hereby certify that I have examined the Mileage Weight Tax Registration documentation, performed the required audit/review of said documentation, and have physically determined the odometer reading of the vehicle(s) registered under the Mileage Weight Tax in accordance with the provisions of the Illinois Vehicle Code (625 ILCS 5/ et.al). I have discussed and restated the requirements of the Mileage Weight Tax Registration with the registrant for basic understanding and compliance. Further audit findings will be submitted in accordance with procedures of the Office of the Secretary of State.

Signature of Auditor or Authorized Secretary of State Employee

Plate information and odometer readings are on the reverse of this form.

