

New York State Department of Taxation and Finance  $\scalebox{Waste}$ 

## **Tire Management Fee Exempt Purchase Certificate**

(for use on or after September 19, 2004)

the seller. (Please print or type)

To be completed by the purchaser and given to

Name of seller				Na	Name of purchaser						
ADESA New York, LLC											
Street address	odo Di	kana		St	reet address						
1930 W. Rio Sal City Tempe	ado Pi	State AZ	ZIP code 85281	Ci	ty	Sta	ate	ZI	P code		
Check one:	S	Single-purchase certific	cate								
My purchase exemption yo	is ex		tire management fe	ee for the	e reason indicated below	w. (Check the	box nex	t to the			
[X] (a) T	he p	urchase is for resale.									
[ ](b) T	he pi	urchase is for new tire	(s) that will be insta	ılled for ı	use on, or as part of, on	e of the follov	ving:				
	(1) Electrically driven mobility-assistance devices operated or driven by persons with a disability.										
	(2) Go-carts: small motorized devices with four wheels created for off-road use that cannot be registered as eith a motor vehicle or ATV.								as either		
	(3)	Golf carts.									
	(4)	Go-peds: devices, like	e a skateboard or so	cooter, t	hat have a motor attach	ed and a han	dle for a	standin	g rider.		
		Mini-bikes: small motor motorcycles, motorcy		two whe	eels created for off-road	use that do n	not qualif	y as lim	ited-use		
	(6)	•	es: bicycles that ha		all motor attached that o	do not qualify	for regis	tration a	as		
		Vehicles that run only	•								
	(8)	Aircraft.									
	(9) Equipment excluded from the definition of trailer under Vehicle and Traffic Law section 156 (e.g., a welder mounted on a chassis or an air compressor mounted on wheels).										
	ourcl	hase is for use on a go	overnmental vehicle	of the l	Jnited States, its agence divisions. Complete the			ies, the	state of		
Th Un	is is to	o certify that I, the undersign	gned, am a representat	ive of the ew York St	department, agency, or instru tate indicated below; and that	umentality of Nev	w York Sta				
		ntal entity (federal, state, or local)			epartment, or division						
Emp	oloyee	name (print or type)	Employee title		Employee signature		Date				
							/	/			

If this is a blanket certificate and in the future I make a purchase that does not qualify for the exemption, I will pay the fee to the seller at the time of purchase.

I certify that the above statements are true and correct. I make these statements with the knowledge that willfully issuing a false or fraudulent certificate is a misdemeanor under section 210.45 of the Penal Law. I also understand that the New York State is authorized to investigate the validity of exemptions claimed or the accuracy of any information entered on this form.

Signature of purchaser	Print name	Date