

Form C-110
Revised 7/1/55

Farmington, New Mexico

STATE OF NEW YORK	
OFFICE OF THE COMMISSIONER OF TAXATION AND FINANCE	
TAXPAYER'S NAME	
ADDRESS	
CITY	
COUNTY	
ZIP CODE	
DATE	
SIGNATURE	
DATE	
CITY	
COUNTY	
ZIP CODE	
TRANSPORTER	
PERMIT NO.	
OPERATOR	

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