

Application for International Fuel Tax Agreement License

(Please Type or Print Legibly)



1. Business Name (sole owner, partnership, corporation or other name) 2. Federal Employer's Identification Number

3. Business Location Address (street & number or rural route and box number – post office boxes are not acceptable)

City State Zip Code County

FLORIDA

4. Business Mailing Location Address (street & number or rural route and box number)

City State Zip Code County

5. Business Telephone Number 5a. Business E-Mail Address (optional)

6. Contact Person 6a. Contact Person's E-Mail Address (optional)

7. Indicate Type of Business Ownership..... Individual Partnership Corporation Other (explain) _____

8. List Owner, Partners or Corporate Officers (use additional sheet, if necessary)

•Name (First, middle initial, last)	Social Security or Federal Employer's Identification Number	Title
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Home Address (street & number, city, state, zip code)	Telephone (area code & number)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
•Name (First, middle initial, last)	Social Security or Federal Employer's Identification Number	Title
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Home Address (street & number, city, state, zip code)	Telephone (area code & number)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
•Name (First, middle initial, last)	Social Security or Federal Employer's Identification Number	Title
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Home Address (street & number, city, state, zip code)	Telephone (area code & number)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

9. Provide your U.S. DOT Number 10. Provide your FL Driver License #

11. Provide your Florida International Registration Plan (IRP) Account Number

If you do not have a Florida IRP Account, you will need to provide the vehicle identification number(s) for your qualified motor vehicle(s) registered in Florida (attach an additional sheet, if necessary):

12. Provide the Following Vehicle Information

Name in which vehicles are registered

State in which vehicles are registered Number of vehicles operating under this license application

13. Do you intend to consolidate fleets?..... YES NO

14. Have you ever held an IFTA license in another jurisdiction?..... YES NO If yes, where? _____

15. Has your IFTA license ever been revoked?..... YES NO Is it currently revoked?..... YES NO

16. If a Permitting Service completes your IFTA Tax Return, provide name, address and telephone number:

Permitting Service Name	Address (street & number, city, state, zip code)	Telephone (area code & number)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS CORRECT AND COMPLETE. I AGREE TO COMPLY WITH REPORTING, PAYMENT, RECORD-KEEPING AND LICENSE DISPLAY REQUIREMENTS AS SPECIFIED IN THE INTERNATIONAL FUEL TAX AGREEMENT. I FURTHER AGREE THAT THE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES MAY WITHHOLD ANY REFUNDS DUE ME IF I AM DELINQUENT ON PAYMENT OF FUEL TAXES DUE ANY MEMBER JURISDICTION. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE PROVISIONS SHALL BE GROUNDS FOR REVOCATION OF MY LICENSE IN ALL MEMBER JURISDICTIONS.

Typed or Printed Name of Owner, Partner, Corporate Officer or Person Authorized by Attached Power of Attorney	Typed or Printed Title	
Signature of Above Listed Owner, Partner, Corporate Officer or Authorized Person	Date	Telephone Number

17. USE A CHECK MARK (✓) TO INDICATE THE JURISDICTIONS YOU ARE OPERATING IN AND THAT YOU MAINTAIN BULK FUEL STORAGE IN
OP = Operate **BF = Bulk Fuel Storage**

OP	BF	JURISDICTION	OP	BF	JURISDICTION	OP	BF	JURISDICTION	OP	BF	JURISDICTION	
		AL Alabama			KY Kentucky			NC North Carolina			WI Wisconsin	
		AK Alaska			LA Louisiana			ND North Dakota			WY Wyoming	
		AZ Arizona			ME Maine			OH Ohio			CANADIAN PROVINCES	
		AR Arkansas			MD Maryland			OK Oklahoma				
		CA California			MA Massachusetts			OR Oregon				AB Alberta
		CO Colorado			MI Michigan			PA Pennsylvania				BC British Columbia
		CT Connecticut			MN Minnesota			RI Rhode Island			MB Manitoba	
		DE Delaware			MS Mississippi			SC South Carolina			NB New Brunswick	
		DC District of Columbia			MO Missouri			SD South Dakota			NL Newfoundland/Labrador	
		FL Florida			MT Montana			TN Tennessee			NS Nova Scotia	
		GA Georgia			NE Nebraska			TX Texas			NT Northwest Territory	
		ID Idaho			NV Nevada			UT Utah			ON Ontario	
		IL Illinois			NH New Hampshire			VT Vermont			PE Prince Edward Island	
		IN Indiana			NJ New Jersey			VA Virginia			QB Quebec	
		IA Iowa			NM New Mexico			WA Washington			SK Saskatchewan	
		KS Kansas			NY New York			WV West Virginia			YT Yukon	

INSTRUCTIONS FOR COMPLETION

(Please Type or Print Legibly)

1. BUSINESS NAME – Print the name of the motor carrier making application. If the name is other than a given name, attach a copy of the corporation papers or fictitious trade name papers filed with the Secretary of State.
2. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER – Print the FEI# of the company. If the company does not have a FEI#, a substitute number will be assigned. This number should always be referenced when inquiring on your account.
3. BUSINESS LOCATION ADDRESS – Enter the actual location (address, city & zip) of your motor carrier business or office. This address **cannot** be the address of a service provider or permitting company. Post office boxes are not acceptable.
4. BUSINESS MAILING ADDRESS – Enter the address, city, state & zip where IFTA credentials are to be mailed.
5. BUSINESS TELEPHONE NUMBER – Enter contact person's business telephone number, including area code.
- 5a. BUSINESS E-MAIL ADDRESS – Enter the business e-mail address (optional).
6. CONTACT PERSON – Enter name of person to contact in reference to the account.
- 6a. CONTACT PERSON'S E-MAIL ADDRESS – Enter the contact person's e-mail address (optional).
7. TYPE OF BUSINESS OWNERSHIP – Check the box that best describes your type of ownership.
8. OWNER, PARTNERS OR CORPORATE OFFICERS NAME(S) – Print the name, home address, city, state & zip, SS# or FEI#, title, and telephone number of each.
9. U.S. DOT NUMBER – Enter your U.S DOT number, if applicable.
10. FL Driver License Number – Enter your FLORIDA DRIVER LICENSE NUMBER.
11. FLORIDA INTERNATIONAL REGISTRATION PLAN ACCOUNT NUMBER – Enter your Florida IRP account number. If you do not have a Florida IRP Account, you must list the vehicle identification number for each vehicle in your fleet. If extra space is needed, attach additional pages.
12. VEHICLE INFORMATION – Provide the name and state that vehicles are registered in, as well as the number of vehicles operating under this license application. If you do not have a Florida IRP account, you will need to provide the vehicle identification number(s) for your qualified motor vehicle(s) registered in Florida. If extra space is needed, attach additional pages.
13. Place a check (✓) mark in the YES or NO box to indicate whether or not you intend to consolidate ALL of your vehicles in Florida.
14. Place a check (✓) mark in the YES or NO box to indicate whether or not you have ever held an IFTA license in another jurisdiction. If YES, indicate which jurisdiction(s) license(s) was/were held.
15. Place a check (✓) mark in the YES or NO box to indicate whether or not your IFTA license has ever been revoked. Place a check (✓) mark in the YES or NO box if your IFTA license is currently revoked.
16. If a permitting service completes your IFTA tax return you must provide their name, address (city, state & zip code), and a telephone number including area code.
17. **TOP OF PAGE 2** – Use a check (✓) mark to indicate the jurisdictions you are operating in, and that you maintain bulk fuel storage in.

This application must be signed (by the owner, partner, corporate officer, or a person authorized by attached Power of Attorney), dated and a telephone number provided.

PAGE 3 OF THIS APPLICATION IS AN ORDER FORM FOR IFTA DECALS – Provide the information requested on the top portion of the form. On the bottom portion, indicate the decal year requested, date, and the number of IFTA decal sets needed. Multiply by \$4.00 and enter the total amount on the appropriate block in the form. Mail payment and form to the specified address.

