



STATE OF FLORIDA
 DIVISION OF MOTOR VEHICLES
 BUREAU OF MOTOR CARRIER SERVICES, MS-62
 Tallahassee, Florida 32399-0626
 (850) 488-6921

**APPLICATION FOR
 INTERNATIONAL FUEL TAX AGREEMENT (IFTA)
 CREDENTIALS**

1. Business Name _____
2. Business Location Address _____
3. Business Mailing Address _____
4. Contact Person _____
5. Telephone Number _____
6. Account Number _____
7. Business Telephone Number _____
8. Check Type of Ownership Individual Partnership Corporation Other

9. List Owner, Partners or Corporate Officers

<u>Name and Title</u>	<u>Address</u>	<u>Social Security #</u>	<u>Telephone #</u>

10. Do you intend to consolidate fleets? YES NO
11. Have you ever held an IFTA license in another jurisdiction? YES NO If yes, where? _____
12. Has your IFTA license ever been revoked? YES NO Is it currently revoked? YES NO
13. List your International Registration Plan (IRP) Account Number _____

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

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION

IFTA DECAL ORDER FORM

14. Indicate the number of qualified motor vehicles requiring IFTA decals.
Only one type may be requested.

FEI/SS# _____ DECAL YEAR ORDERED _____

NAME _____ IFTA DECAL SETS NEEDED _____

ADDRESS _____

CITY / STATE / ZIP _____ FEE x \$4.00

TOTAL AMOUNT DUE \$

 Authorized Signature

 Telephone Number

**Make Payment Payable To:
 DIVISION OF MOTOR VEHICLES**

16. Indicate with a check mark the jurisdictions in which you are operating, and in which you maintain bulk fuel storage (OP=Operate BF=Bulk Fuel Storage)											
OP	BF	Jurisdiction	OP	BF	Jurisdiction	OP	BF	Jurisdiction	OP	BF	Jurisdiction
		AL Alabama			KY Kentucky			NC N. Carolina			WI Wisconsin
		AK Alaska			LA Louisiana			ND N. 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 Br. Columbia
		CT Connecticut			MN Minnesota			RI Rhode Island			MB Manitoba
		DE Delaware			MS Mississippi			SC S. Carolina			NB New Brunswick
		DC Dist. of Col.			MO Missouri			SD S.Dakota			NF Newfoundland
		FL Florida			MT Montana			TN Tennessee			NS Nova Scotia
		GA Georgia			NE Nebraska			TX Texas			NT Northwest Territ.
		ID Idaho			NV Nevada			UT Utah			ON Ontario
		IL Illinois			NH New Hampshire			VT Vermont			PE Prince Edward Is
		IN Indiana			NJ New Jersey			VA Virginia			PQ Quebec
		IA Iowa			NM New Mexico			WA Washington			SK Saskatchewan
		KS Kansas			NY New York			WV West Virginia			YT Yukon

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 DELIQUENT 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 STATES.

Signature of Owner, Partner, Corporate Officer or Person Authorized
by Attached Power of Attorney

Date

Telephone Number

INSTRUCTIONS
(Please Print or Type Application)

- BUSINESS NAME OF MOTOR CARRIER - Print the name of the motor carrier making application.
- BUSINESS LOCATION - Enter the actual location of your motor carrier business or office.
- MAILING ADDRESS - Enter the location where credentials should be mailed.
- CONTACT PERSON - Enter name of person to contact in reference to account.
- TELEPHONE NUMBER - Enter contact person's telephone number.
- ACCOUNT NUMBER - List your FEI # or the Social Security # of an officer of the company if the company does not have an FEI number. This number should be referenced when inquiring on your account.
- BUSINESS TELEPHONE NUMBER - Enter your business telephone number.
- TYPE OF OWNERSHIP - Check the box that best describes your type of ownership.
- OWNER'S NAME - Print the name of the owner of the above motor carrier business (if same, please indicate).
- 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.
- 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.
- Place a check mark in the *yes* or *no* boxes to indicate whether or not your IFTA license has ever been revoked, or if your IFTA license is currently revoked.
- IRP ACCOUNT NUMBER - Enter your 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 additional space is needed, attach additional pages.