



INTERNATIONAL FUEL TAX AGREEMENT LICENSE APPLICATION - IFTA

Division of Motorist Services BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES NEIL KIRKMAN BUILDING, MS-62 2900 APALACHEE PARKWAY TALLAHASSEE, FLORIDA 32399-0626 (850)617-3711 WWW.FLHSMV.GOV

1. BUSINESS NAME [SOLE OWNER, PARTNERSHIP CORP] 2. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

3. BUSINESS LOCATION ADDRESS [PO BOX NOT ACCEPTABLE]

CITY COUNTY STATE ZIP

4. BUSINESS MAILING ADDRESS

CITY COUNTY STATE ZIP

5. BUSINESS TELEPHONE NUMBER 5A. BUSINESS E-MAIL ADDRESS

6. CONTACT PERSON 6A. CONTACT PERSON'S E-MAIL ADDRESS

7. TYPE OF BUSINESS OWNERSHIP [EXPLANATION] [INDIVIDUAL] [PARTNERSHIP] [CORPORATON] [OTHER]

8. LIST OWNERS, PARTNERS OR CORP OFFICERS [USE ADDITIONAL SHEET IF NECESSARY]

A. NAME SS# OR FEI# TITLE

HOME ADDRESS TELEPHONE #

B. NAME SS# OR FEI# TITLE

HOME ADDRESS TELEPHONE #

9. DOT # 10. FL DRIVER LICENSE # 11. IRP ACCOUNT #

(OR) CURRENT FLORIDA LICENSE PLATE FOR YOUR QUALIFIED MOTOR VEHICLE(S) REGISTERED IN FLORIDA [ATTACH ADDITIONAL SHEET IF NECESSARY]

12. PROVIDE THE FOLLOWING VEHICLE INFORMATION:

A. NAME IN WHICH VEHICLES ARE REGISTERED B. STATE IN WHICH VEHICLES ARE REGISTERED

C. NUMBER OF VEHICLES OPERATING UNDER THIS 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 HAS YOUR IFTA LICENSE EVER BEEN REVOKED?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 THE FOLLOWING:

PERMITTING SERVICE NAME ADDRESS PHONE #

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 TAX 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 DELIINQUENT 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.

PRINTED NAME OF OWNER, PARTNER OR OFFICER TITLE

SIGNATURE OF ABOVE INDIVIDUAL DATE TELEPHONE #

## Bulk Fuel Storage Information

Do you maintain bulk fuel storage for highway use?  Yes  No

If yes, indicate the fuel type and the jurisdiction where the bulk fuel is stored:

Fuel Type: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Fuel Type: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Fuel Type: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

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.
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.
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 jurisdictions licenses 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 license is still 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.

To close the IFTA Account – you must first complete and file any outstanding tax return(s) and submit any tax due the State of Florida. Your IFTA credentials must also be returned or a notarized letter stating they have been destroyed will need to be submitted. Upon receipt of the requested information, your account will be closed.

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

**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.



# INTERNATIONAL FUEL TAX AGREEMENT DECAL ORDER FORM

DIVISION OF MOTORIST SERVICES  
BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES  
NEIL KIRKMAN BUILDING, MS-62  
2900 APALACHEE PARKWAY  
TALLAHASSEE, FLORIDA 32399-0626  
(850)617-3711 WWW.FLHSMV.GOV

BUSINESS NAME  PLEASE CHECK IF NEW ACCOUNT

FEDERAL EMPLOYEE IDENTIFICATION #

MAILING ADDRESS  PLEASE CHECK IF CHANGING ADDRESS

IRP ACCOUNT #

CITY, COUNTY, STATE, ZIP

CUSTOMER #

PHYSICAL ADDRESS  PLEASE CHECK IF CHANGING ADDRESS

E-MAIL ADDRESS

CITY, COUNTY, STATE, ZIP

IF YOU DO NOT HAVE A FLORIDA IRP ACCCOUNT, PLEASE LIST THE CURRENT LICENSE PLATE[S] REGISTERED IN FLORIDA ON THE LINES BELOW, ATTACH ADDITIONAL SHEETS IF NECESSARY.

\_\_\_\_\_

DECAL YEAR REQUESTING \_\_\_\_\_

NUMBER OF VEHICLES REQUIRING IFTA DECALS \_\_\_\_\_

DECAL FEE PER VEHICLE X \_\_\_\_\_ \$4.00

TOTAL ENCLOSED \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO FLORIDA DIVISION OF MOTORIST SERVICES

SIGNATURE OF REGISTRANT OR AUTHORIZED AGENT  
(POWER OF ATTORNEY REQUIRED FOR AGENT)

PRINT NAME

DATE

FOR OFFICIAL USE ONLY

DECAL # \_\_\_\_\_

TO: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_