



INTERNATIONAL FUEL TAX AGREEMENT LICENSE APPLICATION

IFTA/CH _____ Date _____

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

3. BUSINESS PHYSICAL LOCATION [ADDRESS] CITY COUNTY FL STATE ZIP CODE

4. BUSINESS MAILING ADDRESS CITY STATE ZIP CODE

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

6. CONTACT PERSON 6A. CONTACT PERSON'S E-MAIL ADDRESS/TELEPHONE NUMBER

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

8. LIST ALL OWNERS, PARTNERS OR CORP OFFICERS [ATTACH ADDITIONAL SHEET AS NEEDED]

A. NAME FEIN TITLE HOME ADDRESS TELEPHONE #

B. NAME FEIN TITLE HOME ADDRESS TELEPHONE #

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

12. IF NO ACTIVE IRP ACCOUNT: INDICATE NUMBER OF VEHICLES THAT WILL OPEATION UNDER THIS LICENSE APPLICATION: AND PROVIDE VEHICLE INFORMATION FOR EACH VEHICLE. [ATTACH ADDITIONAL SHEETS AS NEEDED]

A. QUALIFIED MOTOR VEHICLE(S) CURRENTLY REGISTERED IN FLORIDA:

FLORIDA LICENSE PLATE# FLORIDA LICENSE PLATE# FLORIDA LICENSE PLATE # FLORIDA LICENSE PLATE #

B. QUALIFIED MOTOR VEHICLE(S) NOT CURRENTLY REGISTERED IN FLORIDA (copy of lease agreement required):

NAME IN WHICH VEHICLE IS REGISTERED STATE IN WHICH VEHICLE IS REGISTERED VEHICLE IDENTIFICAITON NUMBER [VIN]

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 HAS YOUR IFTA LICENSE EVER BEEN REVOKED?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

THIS IFTA APPLICATION (PAGE ONE) MUST BE SIGNED BY ACTUAL APPLICANT/LICENSEE (BUSINESS OWNER OR COMPANY OFFICER) UNDER PENALTY OF PERJURY, I DECLARE I HAVE EXAMINED THIS APPLICATION (PAGES ONE THROUGH THREE) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS CORRECT AND COMPLETE. I AGREE TO COMPLY WITH ALL TAX REPORTING, PAYMENT, RECORD-KEEPING, AND LICENSE DISPLAY REQUIREMENTS 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 IS GROUNDS FOR REVOCATION OF MY LICENSE IN ALL MEMBER JURISDICTIONS.

PRINTED NAME TITLE TELEPHONE # (REQUIRED)

SIGNATURE: [] Licensee [] Company Officer (SUNBIZ REGISTRATION REQUIRED) DATE HSMV 85008 (Rev. 12/2017)

WILL THIS IFTA ACCOUNT HAVE AN AUTHORIZED AGENT FILING RETURNS AND REORDERING DECALS?

AUTHORIZED AGENT NAME

CITY

STATE

ZIP CODE

(AREA CODE) AND TELEPHONE NUMBER

E-MAIL ADDRESS

A Power of Attorney (Form 96440) is required for authorized agents/carrier service companies

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: _____ Fuel Type: _____ Fuel Type: _____

Jurisdiction: _____ Jurisdiction: _____ Jurisdiction: _____

APPLICATION INSTRUCTIONS

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 IDENTIFICATION NUMBER (FEIN) – Print your business's FEIN. If there is no FEIN, a substitute number will be assigned. Your FEIN (or assigned number) is your IFTA account number and should always be referenced when inquiring on your account.
3. BUSINESS LOCATION ADDRESS – Enter the actual physical 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 or rented mail 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 the 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 about this account (if not licensee/company officer, must have power of attorney).
- 6a. CONTACT PERSON'S E-MAIL ADDRESS – Enter the contact person's e-mail address and telephone number.
7. TYPE OF BUSINESS OWNERSHIP – Use a checkmark to indicate how your business is organized, or describe if "other" (e.g., LLC).
8. OWNER, PARTNERS OR CORPORATE OFFICER'S NAME(S) – Print the name, home address, city, state & zip, SS# or FEIN, title, and telephone number of every company officer. Attach additional pages to the application, as necessary.
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. INTERNATIONAL REGISTRATION PLAN (IRP) ACCOUNT NUMBER – Enter your Florida IRP account number. If you do not have a Florida IRP account, you must provide VEHICLE INFORMATION for each vehicle in your fleet See #12, below.
12. VEHICLE INFORMATION – For each vehicle, 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. Attach additional pages to the application, as necessary.
13. Use a check mark to indicate whether you intend to consolidate ALL of your vehicles in Florida.
14. Use a check mark to indicate whether you have ever held an IFTA license in another jurisdiction and, if YES, indicate jurisdiction(s).
15. Use a check mark to indicate whether your IFTA license has ever been revoked.

NOTE: PAGE 3 OF THIS APPLICATION IS AN ORDER FORM FOR IFTA DECALS. Complete the form, including DECAL YEAR and the number of IFTA decal sets needed (\$4.00 per set, per vehicle). Enter total dollar amount of your order. **Decal orders require separate signature.** The address for mailing payment and this application and/or order form is located at the bottom of the page. Once you have an established IFTA account, an authorized agent (with a Power of Attorney on file) may sign renewal and additional decal orders (with proof and payment) on your behalf.

Commercial Vehicle and Driver Services 2900 Apalachee Parkway MS 62 Tallahassee, FL 32399-0626 Phone: 850-617-3711

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HSMV 85008 (Rev. 12/2017)



**INTERNATIONAL FUEL TAX AGREEMENT
DECAL ORDER FORM**

NEW ACCOUNT _____ **RENEWAL** _____ **ADDITIONAL VEHICLE(S)** _____ **OTHER** _____

BUSINESS NAME FEDERAL EMPLOYEE IDENTIFICATION NUMBER

IRP ACCOUNT # CUSTOMER # E-MAIL ADDRESS

MAILING ADDRESS PLEASE CHECK IF THIS IS A NEW ADDRESS

CITY COUNTY STATE ZIP CODE

PHYSICAL ADDRESS PLEASE CHECK IF THIS IS A NEW ADDRESS (Documentation Required)

CITY COUNTY STATE ZIP CODE

IF YOU DO NOT HAVE A FLORIDA IRP ACCOUNT, PLEASE LIST THE CURRENT LICENSE PLATE NUMBER[S] OF YOUR IFTA QUALIFIED VEHICLES REGISTERED IN FLORIDA ON THE LINES BELOW, ATTACH ADDITIONAL SHEETS IF NEEDED.

_____/_____/_____/_____

DECAL YEAR FOR THIS REQUEST _____

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 (Only the licensee may sign this decal order if this is a new account) DATE

- Licensee Authorized Agent (May Sign Only for Renewals/Reorders) (POA REQUIRED) Company Officer (SUNBIZ REGISTRATION REQUIRED)

FOR OFFICIAL USE ONLY (WALK IN COUNTER)

DECAL #(s) _____

PRESENTED TO (PRINT NAME): _____

SIGNATURE OF RECIPIENT: _____ DATE: _____

- Licensee Authorized Agent (Only if Renewal or Additional Decal Order) (POA REQUIRED) Company Officer (SUNBIZ REGISTRATION REQUIRED)

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