

## **Division of Motorist Services**

Bureau of Commercial Vehicle and Driver Services 2900 Apalachee Parkway, MAIL STOP 62 Tallahassee, Florida 32399-0626

IFTA/CH	
Date	

## INTERNATIONAL FUEL TAX AGREEMENT LICENSE APPLICATION

1	BUSINESS NAME			2	FEDERAL EMP	LOYER IDEN	TIFICATION	N NUMBER [FEIN]
3	BUSINESS PHYSIC	CAL ADDRESS	CITY		COUNTY		FL STATE 2	ZIP CODE
4	BUSINESS MAILING	G ADDRESS	CITY		STATE		ZIP CODE	
5				6				
	BUSINESS TELEPH	HONE NUMBER		BUSIN	ESS E-MAIL ADDF	RESS		
7	BUSINESS CONTA	CT PERSON		8. CONTA	ACT PERSON'S E-	MAIL ADDRE	SS/TELEPH	HONE NUMBER
9. BUSIN	IESS TYPE SOLE	PROPRIETOR	PARTNERSHIP	CORPORATON	LLC OTHE	R [SPECIFY FF	ROM LIST (	ON REVERSE SIDE
10			11					
	BUSINESS DOT #			IRP ACCOUNT #				
<b>12.</b> LIST	ALL OWNERS, PAR	TNERS OR CORP	ORATE OFFICERS	[ATTACH ADDITIO	NAL DOCUMENTA	ATION AS NE	EDED]	
-	NAME				<u> </u>	TITLE		
-	HOME ADDRESS					TELEPHO	ONE #	
-	NAME				<u></u> -	TITLE		
-	HOME ADDRESS					TELEPH	ONE#	
12 IF N	O ACTIVE IRP ACC		NI IMBER OF VEHIC	CLES THAT WILL C	DEDATE LINDED	THIS LICENS	E ADDI ICA	TION:
	PROVIDE THE VEH							
QUALIFI	ED MOTOR VEHICLI	E(S) CURRENTLY	REGISTERED IN F	FLORIDA:				
FLORIDA	A LICENSE PLATE#	- FLORID	A LICENSE PLATE	# FLORII	DA LICENSE PLAT	E#	FLORIDA	LICENSE PLATE #
QUALIFI	ED MOTOR VEHICL	E(S) NOT CURRE	NTLY REGISTERE	D IN FLORIDA (cop	y of registration and	d lease agreer	ment require	ed):
NAME IN	WHICH VEHICLE IS	REGISTERED	STATE	IN WHICH VEHICL	E IS REGISTERED	VEHICLE	IDENTIFIC	ATION # [VIN]
<b>14.</b> DO Y	OU INTEND TO COM	NSOLIDATE FLEE	TS? YES	NO				
<b>15</b> . HAVI	E YOU EVER HELD A	AN IFTA LICENSE	IN ANOTHER JURIS	SDICTION? YE	S NO IF YES	, WHERE?		
<b>16</b> . HAS	YOUR IFTA LICENS	E EVER BEEN RE	VOKED? YES	NO IS	S IT CURRENTLY	REVOKED?	YES	NO
<b>17</b> . DO Y	OU MAINTAIN BULK	FUEL STORAGE	FOR HIGHWAY US	SE? YES	NO			
If yes, inc	dicate the fuel type an	d the jurisdiction w	here the bulk fuel is	stored:				
Fuel Typ	e:		Fuel Type:		Fuel	Туре:		
Jurisdicti	on:		Jurisdiction:		Juris	diction:		

NOTE: THIS APPLICATION IS NOT COMPLETE WITHOUT A DECAL ORDER AND PAYMENT (SEE PAGE 2). Enter the number of IFTA decal sets needed (\$4.00 per set, per vehicle). Enter total dollar amount of your order. The address for mailing payment and this application and/or order form is located at the top of this 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.

N	IUMBER OF VEHICLES REQUIRING IFTA DECALS							
D	DECAL FEE PER VEHICLE	X	\$4.00					
	OTAL ENCLOSED Make Check Payable to Florida division of motorist services)	\$						
D C L F	THE UNDERSIGNED APPLICANT (BUSINESS OWNER OR COMPANY OFFICER) UNDERSIGNED AND THIS APPLICATION AND DECAL ORDER AND TO THE BESTORRECT AND COMPLETE. I AGREE TO COMPLY WITH ALL TAX REPORTING ICENSE DISPLAY REQUIREMENTS SPECIFIED IN THE INTERNATIONAL FUEL TAX ASTROPHY OF A SUSPENSION OF VEHICLES MAY WITHHOLD BELINQUENT ON PAYMENT OF FUEL TAXES DUE ANY MEMBER JURISDICTION. I UNTHESE PROVISIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF MY LICENSE	ST OF MY KNOWLEDGE B, PAYMENT, RECORD GREEMENT. I FURTHER LD ANY REFUNDS DUE IDERSTAND THAT FAILU	AND BELIEF IT IS KEEPING, AND AGREE THAT THE ME IF I AM RE TO COMPLY WITH					
P	RINTED NAME TITLE	TELEPHO	NE # (REQUIRED)					
Ā	PPLICANT SIGNATURE: Owner Company Officer (SUNBIZ REGISTRATION REQUIRED)	DATE						
	APPLICATION INSTRUCTIO	NS						
1.	BUSINESS NAME – Print the name of the motor carrier business making application. If the of the corporation papers or fictitious trade name papers filed with the Florida Secreta		ndividual's name, <b>attach a copy</b>					
2.		Your FEIN should always	be referenced when inquiring					
	on your account.  The following contact information is needed for the business that is making applicatio authorized agents to manage your IFTA correspondence and shipment of credentials, Power of Attorney (POA) form (HSMV 96440). Once this POA form is on file, any one oupdate the shipping address you would like used for your IFTA routine correspondence.	you must submit a comp of your authorized agents	pleted, signed, and notarized					
3.	BUSINESS PHYSICAL ADDRESS – Enter the Florida physical location (address, city & z boxes or rented mail boxes are NOT acceptable.	zip) of your motor carrier b	ousiness or office. Post office					
4.	BUSINESS MAILING ADDRESS – Enter the address, city, state & zip used by the business. This address cannot be the address of a service provider or permitting company.							
5.								
6.	. BUSINESS E-MAIL ADDRESS – Enter the business e-mail address.							
7.	CONTACT PERSON – Enter name of internal company person to contact about this account (if not licensee/company officer, attach letter designating this company employee).							
8.	CONTACT PERSON'S E-MAIL ADDRESS – Enter the contact person's e-mail address and telephone number.							
9.	TYPE OF BUSINESS OWNERSHIP – Specify the type of business you own. Other options are Limited Company, LTD Liability LTD Partnership, Limited Liability Partnership, Company Limited, Limited Partnership.							
10.	U.S. DOT NUMBER – Enter the U.S. DOT number of the business.							
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 #13, below.							
12.	NER, PARTNERS OR CORPORATE OFFICER'S NAME(S) – Print the name, home address, city, state & zip, title, and telephone number of every pany officer. Attach additional pages to the application, as necessary.							
13.	VEHICLE INFORMATION – If you do not have a Florida IRP account, indicate the total number application. Provide the license plate number of those vehicles that are registered in Florida state of registration, and VIN (with attached proof). Attach additional pages to the application	and, for those vehicles reg						
14.	Use a check mark to indicate whether you intend to consolidate ALL of your vehicles in Florid	da.						
15.	Use a check mark to indicate whether you have ever held an IFTA license in another jurisdic	tion and, if YES, indicate ju	rrisdiction(s).					
16.	Use a check mark to indicate whether your IFTA license has ever been revoked.							
17.	Use a check mark to indicate whether you maintain bulk fuel tanks, and, if YES, indicate type of fuel stored and the jurisdiction where the bulk fuel tan are located.							
F	FOR OFFICIAL USE ONLY (WALK IN COUNTER)		_					
E	DECAL #(s)							
PRESENTED TO (PRINT NAME):								
5	SIGNATURE OF RECIPIENT:	DATE:						
	☐ Owner ☐ Company Officer ☐ Authorized Ag (SUNBIZ REGISTRATION REQUIRED) ☐ (POA REQUIRE							