



**Division of Motorist Services**

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

**INTERNATIONAL FUEL TAX AGREEMENT  
DECAL RE-ORDER FORM**

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
FEDERAL EMPLOYEE IDENTIFICATION NUMBER

\_\_\_\_\_  
IRP ACCOUNT #

\_\_\_\_\_  
CUSTOMER #

\_\_\_\_\_  
E-MAIL ADDRESS

**ADDITIONAL VEHICLE(S)** (Copy of registrations/lease agreements required for vehicles not in your IRP account.)

**OTHER** (Extra sets within current fleet allowance or that have been pre-screened.)

**RENEWAL** (If no active IRP account, provide the information below and list each vehicle. Attach additional sheets as needed.)

INDICATE NUMBER OF VEHICLES THAT WILL OPERATE UNDER THIS LICENSE RENEWAL: \_\_\_\_\_

**QUALIFIED MOTOR VEHICLE(S) CURRENTLY REGISTERED IN FLORIDA:**

\_\_\_\_\_  
FLORIDA LICENSE PLATE#

\_\_\_\_\_  
FLORIDA LICENSE PLATE#

\_\_\_\_\_  
FLORIDA LICENSE PLATE #

\_\_\_\_\_  
FLORIDA LICENSE PLATE #

**QUALIFIED MOTOR VEHICLE(S) NOT CURRENTLY REGISTERED IN FLORIDA (MUST ATTACH REGISTRATIONS AND LEASE AGREEMENTS):**

\_\_\_\_\_  
NAME IN WHICH VEHICLE IS REGISTERED

\_\_\_\_\_  
STATE IN WHICH VEHICLE IS REGISTERED

\_\_\_\_\_  
VEHICLE IDENTIFICATION # [VIN]

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)**

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Owner

Company Officer  
(SUNBIZ REGISTRATION REQUIRED)

Authorized Agent  
(POA REQUIRED)

IFTA Decals are shipped to the mailing address on file. Address updates require HSMV Form 85041.

**FOR OFFICIAL USE ONLY (WALK IN COUNTER)**

DECAL #(s) \_\_\_\_\_

PRESENTED TO (PRINT NAME): \_\_\_\_\_

SIGNATURE OF RECIPIENT: \_\_\_\_\_

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

Owner

Company Officer  
(SUNBIZ REGISTRATION REQUIRED)

Authorized Agent  
(POA REQUIRED)