

INTERNATIONAL FUEL TAX AGREEMENT (IFTA) LICENSING APPLICATION

- Purpose:** Use this form to establish a new Virginia IFTA account, to renew or to make changes to an existing Virginia IFTA account (Operations must be in Virginia and at least one other jurisdiction).
- Instructions:** Submit the completed application to DMV using one of the service options listed below. After two weeks any application that can not be processed will be destroyed.

FAX/MAILING INFORMATION			
TO: DMV Motor Carrier Processing Center FAX: 804-367-1073 EMAIL: IFTAIRP@dmv.virginia.gov MAILING ADDRESS: P.O. Box 27412, Richmond, Virginia 23269-0001			
<input style="width: 100%; height: 20px;" type="text" value="DATE SENT (mm/dd/yyyy)"/>		<input style="width: 100%; height: 20px;" type="text" value="TOTAL NUMBER OF PAGES"/>	
Motor Carrier	CARRIER NAME	DAYTIME TELEPHONE NUMBER	FAX NUMBER
DMV/CSC Use Only	CSC NAME	TELEPHONE NUMBER	FAX NUMBER
	CSC LOCATION CODE	CSR NAME	

SERVICE OPTIONS
<p>For the fastest service, use DMV's free, on-line, full-service option. VirginiaMCS gives you quick, same day processing service. Go to www.dmvNOW.com, Commercial services, VirginiaMCS to request access.</p> <p>Fax, mail, drop off at Customer Service Center (CSC) or email application.</p> <p>No option for same day credential delivery.</p> <p>Please check desired delivery method:</p> <p> <input type="checkbox"/> Electronic Delivery <input type="checkbox"/> Regular Mail (allow up to two weeks) <input type="checkbox"/> Special Express Mail (check express mail type and complete account information below) Refer to UPS for details on additional associated fees. <input type="checkbox"/> UPS GROUND <input type="checkbox"/> UPS NEXT DAY AIR <input style="width: 150px;" type="text" value="CARRIER EXPRESS ACCOUNT NUMBER"/> </p> <p>Note: If your choice of special express mail is via FedEx, you must provide DMV your own envelope and preprinted label.</p>

PAYMENT METHODS
Payment may be made online at VirginiaMCS.com or to the Motor Carrier IFTA/IRP Work Center.

CONTACT INFORMATION
If you have questions or need help completing this application, contact Motor Carrier Services at: (804) 249-5130 (voice) • (800) 272-9268 (deaf and hearing impaired only) • iftairp@dmv.virginia.gov (email)

TRANSACTION INFORMATION									
Check applicable box: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;"><input type="checkbox"/> NEW ACCOUNT</td> <td style="width: 33%;"><input type="checkbox"/> CLOSE ACCOUNT</td> <td style="width: 33%;"><input type="checkbox"/> REPLACEMENT LICENSE</td> </tr> <tr> <td><input type="checkbox"/> ADDITIONAL LICENSE AND DECAL ORDER</td> <td><input type="checkbox"/> RENEWAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CHANGE INFORMATION - My IFTA account needs to be changed to show the data entered below.</td> <td><input type="checkbox"/> REPLACEMENT LICENSE AND DECAL</td> <td></td> </tr> </table>	<input type="checkbox"/> NEW ACCOUNT	<input type="checkbox"/> CLOSE ACCOUNT	<input type="checkbox"/> REPLACEMENT LICENSE	<input type="checkbox"/> ADDITIONAL LICENSE AND DECAL ORDER	<input type="checkbox"/> RENEWAL		<input type="checkbox"/> CHANGE INFORMATION - My IFTA account needs to be changed to show the data entered below.	<input type="checkbox"/> REPLACEMENT LICENSE AND DECAL	
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<input type="checkbox"/> CHANGE INFORMATION - My IFTA account needs to be changed to show the data entered below.	<input type="checkbox"/> REPLACEMENT LICENSE AND DECAL								

IFTA LICENSING APPLICATION

APPLICANT INFORMATION

IFTA ACCOUNT TYPE - (check one)	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership (include all names below)
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
ENTER LEGAL BUSINESS NAME (individuals give full legal name)	STATE BUSINESS FORMED IN
DOING BUSINESS AS NAME	

Indicate officers of the company and role (use additional sheet(s) if necessary)

OFFICER'S NAME	OFFICER'S EMAIL	OFFICER'S ROLE IN COMPANY

VIRGINIA IFTA ACCOUNT NUMBER	FLEET IDENTIFIER	FEIN/SSN	DOT NUMBER	TOTAL NUMBER OF QUALIFIED VEHICLES
Have you ever been licensed as an IFTA Carrier?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES → ACCOUNT NUMBER	JURISDICTION	WAS IFTA LICENSE REVOKED OR SUSPENDED?
Do you have a Virginia IRP Account?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES → VIRGINIA IRP ACCOUNT NUMBER	TOTAL IRP VEHICLES	

IF NO, BUT YOUR BUSINESS OPERATES LEASED VEHICLES THAT DISPLAY IRP PLATES, COMPLETE THE FOLLOWING:

VEHICLES LEASED FROM (lessor(s))	LESSOR IRP ACCOUNT NUMBER(S)	NO. OF VEHICLES
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NON-APPORTIONED VEHICLES

TOTAL NON-APPORTIONED VEHICLES	IRP is not required for vehicles that display restricted plates. Indicate the type of restricted plate:
Indicate the type of fuel(s) purchased and placed into the qualified motor vehicles: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel Other: _____	

BUSINESS INFORMATION

BUSINESS LOCATION STREET ADDRESS (NO POST OFFICE BOX)	LOCATION TELEPHONE NUMBER	FAX NUMBER
CITY	STATE VA	ZIP COUNTRY
GENERAL MAILING ADDRESS (if different from business location address)		
CITY	STATE	ZIP
TAX RETURN MAILING ADDRESS (if different from business location address)		
CITY	STATE	ZIP
DECAL/LICENSE MAILING ADDRESS (if different from business location address)		
CITY	STATE	ZIP
ADDRESS WHERE RECORDS ARE LOCATED (if different from business location address)		
CITY	STATE	ZIP

CONTACT INFORMATION

CONTACT PERSON NAME	CONTACT TELEPHONE NUMBER	FAX NUMBER
EMAIL ADDRESS	AFFILIATION WITH COMPANY <input type="checkbox"/> OWNER <input type="checkbox"/> COMPANY EMPLOYEE <input type="checkbox"/> ACCOUNTANT <input type="checkbox"/> AGENT <input type="checkbox"/> OTHER: _____	
CONTACT BUSINESS LOCATION ADDRESS	CITY	STATE ZIP
<input type="checkbox"/> The contact is authorized to conduct transactions and receive information pertaining to those transactions on behalf of the carrier/applicant.		

DECAL ORDER (2 decals in each set)

The decal fee is not refundable.	DECAL YEAR REQUESTED	TOTAL NUMBER OF SETS REQUESTED	FEE PER SET	TOTAL FEE DUE (number of sets times \$10.00)
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BULK FUEL STORAGE INFORMATIONDo you store bulk fuel 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
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AUTOMATED SERVICES (OPT IN/OUT)

Check to indicate election

YES

I would like to **OPT INTO** electronic notifications with Motor Carrier Services.**NOTE:** All IFTA correspondences and notifications will be sent by email to the contact specified on page two. It is your responsibility to keep the email address up to date. I would like to **OPT OUT OF** electronic notifications with Motor Carrier Services.**NOTE:** All IFTA correspondences and notifications will be sent by mail. I would like to **OPT INTO** automated license and decal renewal. I would like to **OPT OUT OF** automated license and decal renewal. **CERTIFICATION****IFTA LICENSE AGREEMENT** - I certify that I am responsible for fulfilling IFTA requirements, including quarterly tax payments, for leased vehicles that display IFTA decals and licenses obtained through this application.**RULES AND REGULATIONS** - I agree to comply with reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement, Virginia Code and the rules and regulations of the Virginia Department of Motor Vehicles.**DELINQUENT TAXES AND LICENSE REVOCATION** - I understand that failure to comply with these provisions shall be grounds for revocation of my IFTA license in Virginia and/or in all member jurisdictions. I further agree that the Department of Motor Vehicles may withhold any refunds due if I am delinquent on fuel taxes due to any member jurisdiction.

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

I certify that the individual indicated as the contact is authorized to conduct transactions and receive information pertaining to those transactions on behalf of the carrier/applicant.

OWNER, PARTNER, OR COMPANY OFFICER NAME (print)

TITLE

TELEPHONE NUMBER

FAX NUMBER

OWNER, PARTNER, OR COMPANY OFFICER SIGNATURE

DATE (mm/dd/yyyy)