

**Application Type:** Original     Renewal     Additional

IFTA Qualifying Vehicles over 26,000 lbs or Power Unit with 3 or more axles regardless of weight.

PID: \_\_\_\_\_ Fed ID or Social Security Number: \_\_\_\_\_

(1) Applicant (Business) Legal Name: \_\_\_\_\_

(2) Trade (DBA) Name (if Different): \_\_\_\_\_

(3) Physical Address (Legal Address):

Number and Street: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(4) Mailing Address (For Credentials):

PO Box/Street Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(5) Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

(6) Type of Ownership (check  one):  Individual  Partnership  Corporation  Other \_\_\_\_\_

(7) List the owners or corporate officers:

Social Security Number (Optional)                      Name and Title                      City and State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(8) Do you have or have you ever had an IFTA license in another jurisdiction?     YES     NO

If yes please list those jurisdictions: \_\_\_\_\_

(9) Has your IFTA License ever been suspended or revoked in any jurisdiction?     YES     NO

If so where? \_\_\_\_\_

(10) Are any or all of your vehicles leased?  YES  NOIf yes, and only if the leasing company is responsible for the filing of the Quarterly Tax Reports, Vermont DMV must be provided with a copy of the lease agreement.

**DMV USE ONLY – DO NOT WRITE IN SHADED AREA**

**DOC. LOC. NO.**

DECALS ISSUED: # \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_

LICENSE ISSUED: ➤  
 DATE: \_\_\_\_\_ ➤

(11) Do you maintain bulk fuel storage in any jurisdiction?  YES  NO

If yes, please indicate your distributor's name and address: \_\_\_\_\_

(12) Types of Fuel Used:  Diesel  Gasoline  Propane (LP)  Gasohol  Natural Gas  Other \_\_\_\_\_

(13) Check  all jurisdictions in which you are operating, and also indicate where you maintain bulk fuel storage. (OP – Operate / BF – Bulk Fuel)

JURISDICTION	OP	BF	JURISDICTION	OP	BF	JURISDICTION	OP	BF	JURISDICTION	OP	BF
AB Alberta			IN Indiana			NE Nebraska			SC S. Carolina		
AK Alaska			KS Kansas			NL Newfoundland			SD S. Dakota		
AL Alabama			KY Kentucky			NH New Hampshire			SK Saskatchewan		
AR Arkansas			LA Louisiana			NJ New Jersey			TN Tennessee		
AZ Arizona			MA Massachusetts			NM New Mexico			TX Texas		
BC British Columbia			MB Manitoba			NS Nova Scotia			UT Utah		
CA California			MD Maryland			NV Nevada			VT Vermont		
CO Colorado			ME Maine			NY New York			VA Virginia		
CT Connecticut			MI Michigan			OH Ohio			WA Washington		
DC Dist of Columbia			MN Minnesota			OK Oklahoma			WV West Virginia		
DE Delaware			MO Missouri			ON Ontario			WI Wisconsin		
FL Florida			MS Mississippi			OR Oregon			WY Wyoming		
GA Georgia			MT Montana			PA Pennsylvania					
IA Iowa			NB New Brunswick			PE Prince Edward Is					
ID Idaho			NC N. Carolina			QC Quebec					
IL Illinois			ND N. Dakota			RI Rhode Island					

(14) Total Number of VEHICLES requiring IFTA decals at this time

**THIS APPLICATION MUST BE SIGNED OR IT WILL BE RETURNED TO APPLICANT**

The undersigned certifies under penalties of perjury that I have examined this IFTA application and to the best of my knowledge, it is true, accurate, and complete. I accept personal responsibility of complying with reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement. I further agree that the State of Vermont may withhold any refunds or overpayments due me if I am delinquent on payments of motor fuel taxes due the State of Vermont or any IFTA member jurisdiction. The undersigned certifies that the vehicles to be licensed and provided with IFTA decals and license credentials are properly registered and equipped and in good mechanical condition and the applicant and/or these vehicle are not under suspension pursuant to 23 V.S.A. §3009(b) (diesel tax related). Statements and warrants made herein are certified under penalty of 23 V.S.A. §202, 2083 and 32 V.S.A. §8901-8915.

PHONE: (     ) \_\_\_\_\_

FAX: (     ) \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF OWNER OR AUTHORIZED AGENT

\_\_\_\_\_  
 DATE

IF YOU REQUIRE FURTHER INFORMATION OR ASSISTANCE COMPLETING THIS FORM, PLEASE CALL:  
 VERMONT DEPARTMENT OF MOTOR VEHICLES  
 COMMERCIAL VEHICLE OPERATIONS, FUEL TAX UNIT AT (802) 828-2070