

**STATE OF WEST VIRGINIA**  
**Division of Motor Vehicles, Motor Carrier Services**  
**5707 MacCorkle Avenue SE**  
**P.O. Box 17900**  
**Charleston, WV 25317**



\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

Account #: \_\_\_\_\_

rtL272V.10-Web

**RENEWAL APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT**

PLEASE PRINT OR TYPE ALL INFORMATION, SEE BACK TO REQUEST A NAME OR ADDRESS CHANGE

Federal Employer ID or Social Security Number		Owner, Partner(s) or Corporate Name (Legal Name)	
What type of organization is this business? Please check the appropriate box: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietorship			
<b>Number of Decals:</b>		x \$5.00 per set	<b>Amount Due:</b> .00

INFORMATION		
Name under which business is conducted:		
Physical location (Must be a physical address)		
City & State	ZIP Code	County
Contact person:	Telephone number	Fax number
US DOT Number	IRP Account Number	
Mailing Address (If different from above):		
City & State	ZIP Code	County
Did you maintain bulk storage in West Virginia? (Circle one)	YES	NO

Sign Application				
The applicant agrees to comply with the reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that West Virginia may withhold any refunds due if the applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the license in all member states.				
APPLICANT AGREES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN ON THE IFTA APPLICATION IS, TO THE BEST OF THEIR KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE				
_____ (Signature of Taxpayer)	_____ (Name of Taxpayer - Type or Print)	_____ (Date)	_____ (Telephone Number)	_____ (E-mail Address)

**MAKE CHECK PAYABLE AND MAIL TO: WV DIVISION OF MOTOR VEHICLES**

**Motor Carrier Services**  
**5707 MacCorkle Avenue SE**  
**P.O. Box 17900**  
**Charleston, WV 25317**

Telephone (304) 926-0799 or Fax (304) 926-0797

For more information visit our website at: [www.dmv.wv.gov](http://www.dmv.wv.gov)

**State of West Virginia**  
**Division of Motor Vehicles**  
**RENEWAL APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT**

<b>Names of Business Owners, Partners, or Officers:</b>			
Name / Title	SSN/FEIN	Home Address	Phone Number

<b>Name or Address Change</b>		
<b>Name:</b>		
<b>Address:</b>		
	Physical location (Must be a physical address)	
	Mailing Address (If different from above)	
City & State	ZIP Code	County