



# West Virginia Division of Motor Vehicles

## Application for International Fuel Tax Agreement (IFTA) Credentials

Commercial Licensing • IFTA Unit • 5707 MacCorkle Avenue, SE • PO Box 17900 • Charleston, WV 25317

Telephone • (304) 926-0799

- 1.) BUSINESS LEGAL NAME \_\_\_\_\_
- 2.) DBA / TRADE NAME (if different than legal name) \_\_\_\_\_
- 3.) BUSINESS PHYSICAL ADDRESS (Cannot be PO Box) \_\_\_\_\_  
Street Address City State Zip Code
- 4.) BUSINESS MAILING ADDRESS (if different from #3) \_\_\_\_\_  
Street Address City State Zip Code
- 5.) CONTACT PERSON'S NAME \_\_\_\_\_
- 6.) TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_
- 7.) FAX NUMBER (\_\_\_\_\_) \_\_\_\_\_
- 8.) FEIN NUMBER OR SOCIAL SECURITY NUMBER \_\_\_\_\_
- 9.) US DOT NUMBER \_\_\_\_\_
- 10.) IRP NUMBER \_\_\_\_\_

11.) LIST NAMES AND ADDRESSES FOR ALL PARTNERS OR PRINCIPAL OFFICERS BELOW

| NAME | ADDRESS | TITLE | SOCIAL SECURITY # |
|------|---------|-------|-------------------|
|      |         |       |                   |
|      |         |       |                   |
|      |         |       |                   |
|      |         |       |                   |

12.) TYPE OF OWNERSHIP     CORPORATION     PARTNERSHIP     SOLE OWNERSHIP     OTHER \_\_\_\_\_

13.) INDICATE TYPES OF FUEL USED     DIESEL     GASOLINE     GASAHOL     NATURAL     NATURAL COMPRESSED GAS

14.) INDICATE WITH A CHECK MARK WHICH JURISDICTIONS IN WHICH YOU ARE OPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAGE IN.  
 | KEY | OP = Operation | BF = Bulk Fuel Storage |

| OP | BF | JURISDICTION            | OP | BF | JURISDICTION      | OP | BF | JURISDICTION            | OP | BF | JURISDICTION       |
|----|----|-------------------------|----|----|-------------------|----|----|-------------------------|----|----|--------------------|
|    |    | AB ALBERTA              |    |    | IN INDIANA        |    |    | ND NORTH DAKOTA         |    |    | PQ QUEBEC          |
|    |    | AK ALASKA               |    |    | KS KANSAS         |    |    | NE NEBRASKA             |    |    | RI RHODE ISLAND    |
|    |    | AL ALABAMA              |    |    | KY KENTUCKY       |    |    | NF NEW FOUNDLAND        |    |    | SC SOUTH CAROLINA  |
|    |    | AR ARKANSAS             |    |    | LB LABRADOR       |    |    | NH NEW HAMPSHIRE        |    |    | SD SOUTH DAKOTA    |
|    |    | AZ ARIZONA              |    |    | LA LOUISIANA      |    |    | NJ NEW JERSEY           |    |    | SK SASKATCHEWAN    |
|    |    | BC BRITISH COLUMBIA     |    |    | MA MASSACHUSETTS  |    |    | NM NEW MEXICO           |    |    | TN TENNESSEE       |
|    |    | CA CALIFORNIA           |    |    | MB MANITOBA       |    |    | NS NOVA SCOTIA          |    |    | TX TEXAS           |
|    |    | CO COLORADO             |    |    | MD MARYLAND       |    |    | NT NORTHWEST TERRITORY  |    |    | UT UTAH            |
|    |    | CT CONNECTICUT          |    |    | ME MAINE          |    |    | NV NEVADA               |    |    | VA VIRGINIA        |
|    |    | DC DISTRICT OF COLUMBIA |    |    | MI MICHIGAN       |    |    | NY NEW YORK             |    |    | VT VERMONT         |
|    |    | DE DELAWARE             |    |    | MN MINNESOTA      |    |    | OH OHIO                 |    |    | WA WASHINGTON      |
|    |    | FL FLORIDA              |    |    | MO MISSOURI       |    |    | OK OKLAHOMA             |    |    | WI WISCONSIN       |
|    |    | GA GEORGIA              |    |    | MS MISSISSIPPI    |    |    | ON ONTARIO              |    |    | WV WEST VIRGINIA   |
|    |    | IA IOWA                 |    |    | MT MONTANA        |    |    | OR OREGON               |    |    | WY WYOMING         |
|    |    | ID IDAHO                |    |    | NB NEW BRUNSWICK  |    |    | PA PENNSYLVANIA         |    |    | YT YUKON TERRITORY |
|    |    | IL ILLINOIS             |    |    | NC NORTH CAROLINA |    |    | PE PRINCE EDWARD ISLAND |    |    |                    |

16.) HAVE YOU EVER BEEN ISSUED AN IFTA LICENSE BY ANOTHER IFTA JURISDICTION?     YES     NO

| LIST PREVIOUS JURISDICTIONS (If answered "yes") | DATE ISSUED |
|---|-------------|
|   |             |
|   |             |
|   |             |

17.) TWO IDENTICALLY NUMBERED IFTA DECALS ARE REQUIRED FOR EACH QUALIFIED MOTOR VEHICLE OPERATED.

ENTER NUMBER OF QUALIFIED VEHICLES REQUIRING DECALS  X \$5.00 =  TOTAL DUE



# Request for Decals

## Qualified Motor Vehicles

A motor vehicle used, designed, or maintained for transportation of persons or property and:

- Having two or more axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 lbs.
  - Having three or more axles regardless of weight
- Is used in combination when the weight of such a combination exceeds 26,000 lbs.

These do not include recreational vehicles.

The applicant agrees to comply with the reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that West Virginia may withhold any funds due if the applicant is delinquent on payment of fuel taxes due to 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 APPLICANT/OWNER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**IF A REPORTING SERVICE COMPLETES YOUR FUEL TAX REPORT, YOU MUST GIVE IT'S NAME, ADDRESS, AND PHONE NUMBER BELOW. AS WELL AS YOUR SIGNATURE, THIS FORM WILL NEED TO BE NOTARIZED BELOW.**

I/we hereby appoint \_\_\_\_\_ as my/our attorney in fact for all manners related to fuel taxes including, but not limited to, filing and discussion of all required documents with any employee of the State of West Virginia.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

\_\_\_\_\_  
NAME OF APPOINTED

\_\_\_\_\_  
ADDRESS OF APPOINTED

\_\_\_\_\_  
PHONE NUMBER OF APPOINTED

## NOTARY INFORMATION

THIS SECTION IS REQUIRED ONLY IF A REPORTING SERVICE COMPLETES YOUR TAX REPORT.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, in and for the county and state aforesaid personally appeared and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, and as free and voluntary act and deed of said corporation for the use and purposes therein set forth.

Given under my hand and seal the day and year last above written.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Place Seal Here**