



ALABAMA DEPARTMENT OF REVENUE INTERNATIONAL FUEL TAX AGREEMENT Application For License

Registration Period 1/1/20_____ - 12/31/20_____

DEPARTMENT USE ONLY

Approved
 Disapproved
Effective Date _____
Initials _____

LICENSEE INFORMATION

Application Type: Original Renewal
Ownership: Individual Partnership
 Corporation LLC
 Other: _____
Federal Employer's Identification Number (FEIN): _____
Social Security Number (If individually owned): _____ IRP Account No.: _____ USDOT No.: _____
Applicant's Legal Name: _____
Trade Name (DBA): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Business Address (must be in Alabama): _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Telephone Number: (_____) _____, Ext.: _____
Fax Number: (_____) _____ E-Mail Address: _____

OWNERSHIP INFORMATION

List the names, titles, and addresses of the corporate officers, partners, or managing members.

Name: _____ Title: _____
Home Address: _____ Social Security Number: _____
City: _____ State: _____ Zip: _____
Name: _____ Title: _____
Home Address: _____ Social Security Number: _____
City: _____ State: _____ Zip: _____
Name: _____ Title: _____
Home Address: _____ Social Security Number: _____
City: _____ State: _____ Zip: _____

REPORTING SERVICE

Please complete this section if someone other than a company employee prepares and signs the quarterly fuel use tax report.

Preparer's Name: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____

OPERATIONS INFORMATION

Please indicate the fuel type(s) used by the qualified IFTA vehicle by placing a "X" in the appropriate box.

Diesel Gasoline Gasohol LPG CNG Ethanol M-85 E-85 A-85 LNG
 Other: _____

Number of IFTA qualified vehicles in your fleet: _____

Have you ever been issued an IFTA license from a jurisdiction other than Alabama? Yes No

If YES, please list those jurisdictions: _____

Has your IFTA license ever been suspended or revoked? Yes No

If YES, please list those jurisdictions: _____

Number of IFTA decals requested: _____ X \$17.00 (per decal set) = \$ _____ (amount due)

Indicate with an "X" the jurisdictions in which you are operating and those in which you maintain bulk fuel storage.
(OP = Operate, BF = Bulk Fuel)

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

Under penalties of perjury, the applicant declares the information given is, to the best of his/her knowledge, true, accurate, and complete. The applicant agrees to comply with the reporting, payment, record keeping, and license requirements of the International Fuel Tax Agreement and/or the laws of the State of Alabama. The applicant agrees that any falsification subjects him or her to appropriate civil and/or criminal sanctions of the base jurisdiction. The applicant further agrees that the Alabama Department of Revenue may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdictions. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions. This application must be signed by all partners, one corporate officer, or a member listed in the ownership information section. If the business is a sole proprietorship, the owner must sign the application. An attorney or agent of the taxpayer may sign the application if authorized by a power of attorney. If additional signatures are required, please provide an attachment to this form. Incomplete applications will be returned to the applicant.

_____	_____	_____
SIGNATURE	TITLE	DATE
_____	_____	_____
SIGNATURE	TITLE	DATE
_____	_____	_____
SIGNATURE	TITLE	DATE

Attach check (personal or company) or money order payable to **Alabama Department of Revenue**

Mail Application To: **Alabama Department of Revenue
Motor Vehicle Division
Motor Carrier Services
P.O. Box 327620
Montgomery, AL 36132-7620**

Telephone: **(334) 242-2999**
 Fax: **(334) 242-9073**
 Web Site: **www.revenue.alabama.gov**
 E-Mail: **MCS@revenue.alabama.gov**