



Motor Vehicle Division

Mail Drop 527M
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100
602-712-6775

IFTA/IRP APPLICATION

70-0508 R06/07 www.azdot.gov

		Federal EIN	Federal TIN	
MVD Account Number 0	USDOT Number	MC Operating Authority #	MX Operating Authority #	
License Type (check all that apply) <input type="checkbox"/> International Registration Plan (IRP) <input type="checkbox"/> International Fuel Tax Agreement (IFTA)				
Application Type <input type="checkbox"/> New (\$10 filing fee - IFTA only) <input type="checkbox"/> Name Change <input type="checkbox"/> Federal ID Change <input type="checkbox"/> Other:				
Legal Status <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> Other:				
Company Name			Business Phone ()	
Doing Business As (DBA)				
Mailing Address		City	State	Zip
Physical Location (if different from above)		City	State	Zip
Address Where Records Will Be Maintained		City	State	Zip

Contact Person Name		Title		
E-mail Address	Contact Phone ()			

Statutory agent (for out of state corporations only) as designated in the Articles of Incorporation (must be an Arizona resident)

Statutory Agent Name				
Street Address		City	State	Zip
Mailing Address (if different from above)		City	State	Zip

Applicants: Owner, Partner, Officer or Director (if more space is needed, attach separate listing)

Individuals or partnerships must include the spouse information, if applicable.

Applicant Name (first, middle, last, suffix)		Title		Driver License Number		State
Spouse Name (if none, write None)				Spouse Driver License Number		State
Residence Address		City	State	Zip	Home Phone ()	

Applicant Name		Title		Driver License Number		State
Spouse Name (if none, write None)				Spouse Driver License Number		State
Residence Address		City	State	Zip	Home Phone ()	

Applicant Name		Title		Driver License Number		State
Spouse Name (if none, write None)				Spouse Driver License Number		State
Residence Address		City	State	Zip	Home Phone ()	

Yes No Has any applicant on this application ever been an owner, partner or officer of another entity in any state that has held or now holds an IFTA License or IRP Registration? If yes, list below.

Applicant Name	Account Name	IRP/IFTA Account Number	State
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Yes No Has any applicant on this application ever been an owner, partner or officer of another entity that has had an IFTA License or IRP Registration denied or revoked? If yes, list below.

Applicant Name	Account Name	IRP/IFTA Account Number	State
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Yes No Has any applicant on this application ever conducted business under another business name? If yes, list below.

Other Business Names	State
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Yes No Has any applicant on this application ever filed for bankruptcy? If yes, list below.

Name	Filing Date	State	Case Number
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IRP Applicants Only

Indicate the base jurisdiction where your vehicles were registered in the preceding year?

Base Jurisdiction and IRP Account Number
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IFTA Applicants Only

Number of AZ IFTA Qualified Vehicles

Fuel Type
<input type="checkbox"/> Gasoline <input type="checkbox"/> Special Diesel <input type="checkbox"/> Gasohol <input type="checkbox"/> Propane <input type="checkbox"/> LNG <input type="checkbox"/> CNG <input type="checkbox"/> Ethanol <input type="checkbox"/> Methanol <input type="checkbox"/> E85 <input type="checkbox"/> M85 <input type="checkbox"/> A55

Yes No Do you lease vehicles **to** others?

Lessee Name

Yes No Do you lease vehicles **from** others?

Lessor Name

Column **A**–Check all jurisdictions where you will be traveling. Column **B**–Check all where you operate bulk fuel storage facilities.

A	B	A	B	A	B	A	B	A	B	A	B						
<input type="checkbox"/>	<input type="checkbox"/>	Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Texas	<input type="checkbox"/>	<input type="checkbox"/>	Alberta
<input type="checkbox"/>	<input type="checkbox"/>	Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Utah	<input type="checkbox"/>	<input type="checkbox"/>	British Columbia
<input type="checkbox"/>	<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Vermont	<input type="checkbox"/>	<input type="checkbox"/>	Manitoba
<input type="checkbox"/>	<input type="checkbox"/>	California	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	Virginia	<input type="checkbox"/>	<input type="checkbox"/>	New Brunswick
<input type="checkbox"/>	<input type="checkbox"/>	Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>	Newfoundland
<input type="checkbox"/>	<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>	<input type="checkbox"/>	Nova Scotia
<input type="checkbox"/>	<input type="checkbox"/>	Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>	Ontario
<input type="checkbox"/>	<input type="checkbox"/>	Florida	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>	<input type="checkbox"/>	Prince Edward Isle
<input type="checkbox"/>	<input type="checkbox"/>	Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Quebec
<input type="checkbox"/>	<input type="checkbox"/>	Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Saskatchewan

All Applicants

I agree to comply with the provisions of the International Registration Plan and/or International Fuel Tax Agreement. I further agree that the Motor Vehicle Division may withhold any refunds due or cancel any license or registration, if I am delinquent on payment of fuel taxes. I certify that the information contained on this application is true, accurate and complete, to the best of my knowledge. (If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.)

Owner, Partner or Officer Signature	Date	Title	
2nd Partner Signature	Date	3rd Partner Signature	Date

MVD Use

Date Received	Date Reviewed	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Number	Comments	IFTA Decal Numbers From: _____ To: _____	