



1303604018



CRF-IFTA (11/13)  
 GEORGIA DEPT. OF REVENUE  
 MOTOR VEHICLE DIVISION/IFTA  
 P.O. BOX 740382  
 ATLANTA, GA 30374-0382  
 1-855-406-5221

<https://gtc.dor.ga.gov>

**IFTA MOTOR CARRIER REGISTRATION APPLICATION**  
**(Please Read Instructions Before Completing)**

- NEW REGISTRATION  
 RENEWAL

FOR OFFICE USE ONLY	
<u>Rejects</u>	
Motor Fuel	_____
Sales Tax	_____
Corp	_____
Withholding	_____
MCIT	_____

1. STATE TAXPAYER IDENTIFIER:	
2. FEI OR SSN (Required)	
3. LEGAL BUSINESS NAME	
5. DBA NAME	4. LOCATION ADDRESS (Required)(NO P.O. BOX)
6. MAILING ADDRESS (Required)	

7. BUSINESS STRUCTURE:     CORPORATION     SUB-CHAPTER S CORPORATION     SOLE PROPRIETOR  
 PARTNERSHIP     LIMITED LIABILITY COMPANY     LIMITED LIABILITY PARTNERSHIP

8. US DOT NUMBER	9. YEAR FOR WHICH APPLICATION IS MADE
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10. HAVE YOU EVER BEEN LICENSED UNDER IFTA IN ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH STATE? _____	11. PHONE NUMBER <b>(REQUIRED)</b> Area Code _____
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12. IRP ACCOUNT NUMBER	13. LIST YOUR GROSS VEHICLE WEIGHT (GVW)
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14. LEASED VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	15. DO YOU TRAVEL OUTSIDE GEORGIA? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**MOTOR CARRIER IDENTIFICATION MARKERS**

16. NUMBER OF DIESEL POWERED VEHICLES	17. NUMBER OF GASOLINE POWERED VEHICLES
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18. NUMBER OF LP POWERED VEHICLES	19. OTHER FUEL TYPES
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20. TOTAL NUMBER OF MOTOR CARRIER DECAL SETS: \_\_\_\_\_ **X \$3.00 PER SET = \$** \_\_\_\_\_



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**21. OPERATING JURISDICTIONS**

Complete the schedule below by placing an "X" next to the jurisdictions in which you plan to maintain bulk storage of fuel.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> AK Alaska               | <input type="checkbox"/> IL Illinois      | <input type="checkbox"/> NC North Carolina | <input type="checkbox"/> RI Rhode Island   |
| <input type="checkbox"/> AL Alabama              | <input type="checkbox"/> IN Indiana       | <input type="checkbox"/> ND North Dakota   | <input type="checkbox"/> SC South Carolina |
| <input type="checkbox"/> AR Arkansas             | <input type="checkbox"/> KS Kansas        | <input type="checkbox"/> NE Nebraska       | <input type="checkbox"/> SD South Dakota   |
| <input type="checkbox"/> AZ Arizona              | <input type="checkbox"/> KY Kentucky      | <input type="checkbox"/> NH New Hampshire  | <input type="checkbox"/> TN Tennessee      |
| <input type="checkbox"/> CA California           | <input type="checkbox"/> LA Louisiana     | <input type="checkbox"/> NJ New Jersey     | <input type="checkbox"/> TX Texas          |
| <input type="checkbox"/> CO Colorado             | <input type="checkbox"/> MA Massachusetts | <input type="checkbox"/> NM New Mexico     | <input type="checkbox"/> UT Utah           |
| <input type="checkbox"/> CT Connecticut          | <input type="checkbox"/> MD Maryland      | <input type="checkbox"/> NV Nevada         | <input type="checkbox"/> VA Virginia       |
| <input type="checkbox"/> DC District of Columbia | <input type="checkbox"/> ME Maine         | <input type="checkbox"/> NY New York       | <input type="checkbox"/> VT Vermont        |
| <input type="checkbox"/> DE Delaware             | <input type="checkbox"/> MI Michigan      | <input type="checkbox"/> OH Ohio           | <input type="checkbox"/> WA Washington     |
| <input type="checkbox"/> FL Florida              | <input type="checkbox"/> MN Minnesota     | <input type="checkbox"/> OK Oklahoma       | <input type="checkbox"/> WI Wisconsin      |
| <input type="checkbox"/> GA Georgia              | <input type="checkbox"/> MO Missouri      | <input type="checkbox"/> OR Oregon         | <input type="checkbox"/> WV West Virginia  |
| <input type="checkbox"/> IA Iowa                 | <input type="checkbox"/> MS Mississippi   | <input type="checkbox"/> PA Pennsylvania   | <input type="checkbox"/> WY Wyoming        |
| <input type="checkbox"/> ID Idaho                | <input type="checkbox"/> MT Montana       |  |  |

**CANADIAN PROVINCES**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> NS Nova Scotia   | <input type="checkbox"/> AB Alberta                    | <input type="checkbox"/> MB Manitoba      | <input type="checkbox"/> PE Prince Edward Island |
| <input type="checkbox"/> NT N W Territory | <input type="checkbox"/> BC British Columbia           | <input type="checkbox"/> NB New Brunswick | <input type="checkbox"/> PQ Quebec               |
| <input type="checkbox"/> ON Ontario       | <input type="checkbox"/> NF New Foundland and Labrador |   | <input type="checkbox"/> SK Saskatchewan         |
|   |  |   | <input type="checkbox"/> YT Yukon Territory      |

**OWNERSHIP/RELATIONSHIP SECTION**

(This section MUST be completed for your application to be accepted) (Continued on page 3)

22. CHECK ALL THAT APPLY GEORGIA IFTA EFFECTIVE DATE : \_\_\_\_\_

<input type="checkbox"/> Owner	<input type="checkbox"/> Parent Company	<input type="checkbox"/> Manager	<input type="checkbox"/> Related Business
<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Other	

A	BUSINESS NAME				
B	LAST NAME	FIRST	M.I.	TITLE	SOC SEC NO.* <b>(Required)</b>
C	ADDRESS				
D	CITY	STATE	ZIP	COUNTY	COUNTRY PHONE

**\*Please Note:** All entities, including businesses, must provide a social security number for owner/operator/partner in Section B or application will not be processed.



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OWNERSHIP/RELATIONSHIP SECTION						
(This section MUST be completed for your application to be accepted)						
23.	CHECK ALL THAT APPLY				GEORGIA IFTA EFFECTIVE DATE : _____	
	<input type="checkbox"/> Owner	<input type="checkbox"/> Parent Company	<input type="checkbox"/> Manager	<input type="checkbox"/> Related Business		
	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Other			
A	BUSINESS NAME					
B	LAST NAME	FIRST	M.I.	TITLE	SOC SEC NO.* (Required)	
C	ADDRESS					
D	CITY	STATE	ZIP	COUNTY	COUNTRY PHONE	
<p><b>*Please Note:</b> All entities, including businesses, must provide a social security number for owner/operator/partner in Section B or application will not be processed.</p>						

### DECLARATION STATEMENT

The applicant agrees to comply with reporting payment, record keeping and license display requirements as specified in the Georgia IFTA Procedures Manual. The applicant authorizes the State of Georgia to withhold any refund of tax overpayment, if delinquent taxes are due to any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation or suspension of the license in all member jurisdictions.

The applicant, certifies with his signature that to the best of his/her knowledge, the information is true, accurate and complete and any falsification subjects him/her to the offense of making a written false statement to a government official.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
 Signature Title Date

**(Must be signed by owner, partner, or authorized officer of corporation - Stamped signature not acceptable)**



## GEORGIA DEPARTMENT OF REVENUE 2014 IFTA ANNUAL RENEWAL INSTRUCTIONS

Your 2013 IFTA Registration expires on **December 31, 2013**. Please renew your registration on-line no later than **November 18, 2013** by using the Department's Georgia Tax Center (GTC) at <https://gtc.dor.ga.gov>. The GTC website offers instructional videos, a taxpayer manual, and answers to frequently asked questions. To access GTC, we need your state tax identification number (STI), your business location's zip code, and specific payment amount that was paid for a prior tax period.

The Department will begin mailing out decals as registration applications are received and processed. Remember that you are not required to renew a registration application for decals if your truck no longer travels outside of Georgia.

### ***How do I submit my application using GTC?***

1. If you **already have access to GTC** for another tax type other than IFTA, follow these instructions to add GTC access to your IFTA account:
2. Login to GTC at <https://gtc.dor.ga.gov>.
3. Login to the GTC account for the other tax type (i.e., withholding tax or sales tax).
4. Click *Add Access to Another Account* link.
5. Click on the drop down box for Account Type, and then click the *International Fuel Tax* link.
6. Enter your IFTA ID # in the *Account ID* field.
7. Enter your business location's zip code and the amount of the payment processed in your IFTA account for the specific tax period requested.

Your IFTA account will immediately be displayed in your GTC home summary page.

If you **do not yet have access to GTC**, follow these instructions to gain access:

1. Login to GTC at <https://gtc.dor.ga.gov>.
2. Click on the Register a new GA business link.
3. Follow the instructions to look up your NAICS code(s) and have your federal employer identification number (FEIN) available.
4. Enter the information requested in the appropriate fields to register your business.

5. Enter the information requested regarding your business, including the business location's zip code and the amount of the payment processed in your IFTA account for the specific tax period requested.
6. Create a login ID and password. Both the login ID and password will be needed each time you login to GTC.

After successfully registering for your IFTA account, you will receive an email from the Department (*no-reply@dor.ga.gov*) with login instructions and an authorization code. Please check your junk mail box if this email is not delivered to your email account's inbox.

***How do I submit my application using a paper application?***

The Georgia Department of Revenue no longer mails business tax forms due to its focus on creating efficiency through the increased use of technology. However, the Department's IFTA application and instructions are available online at [www.etax.dor.ga.gov](http://www.etax.dor.ga.gov). After completing the form, print and mail it to:

Georgia Department of Revenue  
Motor Vehicle Division/IFTA  
P.O. Box 740382  
Atlanta, GA 30374-0382

Failure to provide a Federal Employer Identification Number (FEIN), International Registration Plan Account number (IRP), or your Social Security number (SSN) will delay the processing of your IFTA application and may result in the denial of your renewal application.

Problems that will delay the processing of your renewal application include:

- Outstanding tax liabilities
- Returns not filed
- Outstanding Department of Public Safety violations
- Incomplete registration for IRP and UCR
- Payment not enclosed with registration application
- Suspension or revocation in any jurisdictions

Please call the Department at 1-877-423-6711 to resolve problems with your account or to ask any questions.