MISSOURI IFTA APPLICATION FORM INSTRUCTIONS

SECTION 1

Registration year - Enter all four digits of the registration year (e.g., 2006).

Federal Identification Number or Social Security Number - Enter the **applicants** Federal Identification Number or Social Security Number. This number will be assigned as the account number.

IRP Apportioned Account Number - Enter the applicants International Registration Plan (IRP) account number assigned by Motor Carrier Services, if applicable.

Name of Applicant/Carrier - Enter the name in which the IFTA license is to be issued.

Doing Business As - If applicable, enter the name in which the applicant/carr ier does business.

Business Address (Street or Road Designation) - Enter the Missouri address where the applicant has an established place of business.

Mailing Address - Enter the address where the applicant desires his/her credentials/notifications mailed.

Person to Contact - Indicate the individual responsiblle for the completion of the form and who is familiar with the requirements of the application.

Contact Phone Number - Enter the area code and phone number of the contact person.

Fax Number - Enter the area code and fax number.

Email Address - Enter the email address of the person responsible for processing/completing the applications.

SECTION 2

Number of Vehicles Needing Decals - Enter the number of qualified vehicles needing decals. (The number of decals issued must reconcile with the number of trucks licensed, and will be subject to audit.)

SECTION 3

Bulk Storage - Indicate if bulk storage is maintained and the location of the storage.

SECTION 4

Type of Fuels Used - Indicate each type of fuel being used in the qualified v ehicle(s).

SECTION 5

Type of Missouri License - Indicate the types of Missouri license plate(s) that are displayed on the qualified vehicle(s).

SECTION 6

Leased Vehicles - Indicate if vehicles being licensed are leased by marking the appropriate box. If yes, indicate who is responsible for the fuel reporting. Indicate the name and address of the party the vehicle(s) are leased to.

SECTION 7

Applicant Partners or Officers - List the names and titles of partners or officers associated with the applicant/b usiness.

SECTION 8

Previously held IFTA license - Indicate if you have previously held an IFTA license in another jurisdiction by marking the appropriate box. If yes, and the previous license has been suspended or revoked mark the appropriate box and indicate the jurisdiction in which the license was held.

SECTION 9

Petroleum Products - Indicate if the applicant is hauling petroleum products .

SECTION 10

Power of Attorney (Optional) - If a carrier service or any other person other than yourself is responsible for the filing of your application or the quar terly returns, you MUST complete this section and ha ve the application notar ized. **Your account information will only be discussed with the appointed person or the person signing the application for license.**

SECTION 11, 12 AND 13

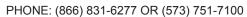
Signature of Applicant - The signature on the application shall be considered signature(s) to y our unsigned quar terly return(s) for the registration y ear and will become par t of y our quar terly return(s). Signing of the application also cer tifies that y ou understand the requirement of the International Fuel Tax Agreement and that all information supplied on the application and the quar terly return(s) will be true, correct, and completed to the best of your knowledge.

MISSOURI DEPARTMENT OF TRANSPORTATION

MOTOR CARRIER SERVICES 830 MODOT DRIVE, P.O. BOX 270

MODOT DRIVE, P.O. BOX 270

MODOT JEFFERSON CITY, MO 65102-0270



FAX: (573) 751-0916

WEB SITE ADDRESS: www.modot.org/mcs					REGISTRATION DATE			EXAMINED		
	MISSOURI	IFTA APP	LICATION							
1	REGISTRATION YEAR	FEDERAL IDENT	IFICATION NUMBER OR SOCIAL	L SECURITY NUMBER			IRP APPORTIONED ACCOUNT NUMBER (IF APPLICABLE)			
	NAME OF APPLICANT/CARRIER									
	DOING BUSINESS AS									
	BUSINESS ADDRESS (STREET OR R	JSINESS ADDRESS (STREET OR ROAD DESIGNATION)		CITY		STATE		ZIP CODE	COUNTY	
	MAILING ADDRESS (STREET OR BOX NUMBER) PERSON TO CONTACT			CITY		STATE		ZIP CODE		
			CONTACT PHONE NUMBER		X NUMBER	EMAIL ADDRESS				
2	Number of vehicles needing	umber of vehicles needing DECALS: ***THERE IS NO CHARGE FOR DECALS*** The number of decals issued must reconcile with the number of trucks licensed, and will be subject to audit.								
3	Do you maintain bulk storage? YES NO If yes, where:									
4	Please indicate the type of fuel(s) used: GAS DIESEL PROPANE GASOHOL LNG CNG ETHANOL METHANOL E-85 M-85 A55									
5	Type of Missouri License: APPORTIONED BEYOND LOCAL FARM LOCAL DEALER									
6	Are your vehicles involved in a lease agreement?									
	List name and title of applicant partners or officers:									
7										
8	Have you previously held an IFTA License in another jurisdiction? YES NO Is that license currently suspended or revoked? YES NO If yes, in what jurisdiction?									
9	Do you haul petroleum products? YES NO									
10	POWER OF ATTORNEY (OPTIONAL)									
10	I hereby appoint as my Attor ney in F act for all matters related to fuel tax es									
	including, but not limited to, filing and discussing all required documents with any employee of the State of Missouri.									
11	The applicant agrees, by signing below, to comply with quarterly reporting, payment, recordkeeping supported by four years of records, and license display requirements as specified in the INTERNATIONAL FUEL TAX AGREEMENT (IFTA). The applicant authorizes the state of Missour to withhold any refund of over-payment, if delinquent amounts are due any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions. Applicant agrees that the information given on this application is, to the best of his/her knowledge, true, accurate, and complete.									
12	I certify, under penalty of the laws of the state of Missouri in regard to making a false declaration to a public official, that my future quarterly return(s), for the above referenced year, will be true, correct and complete to the best of my knowledge. My signature below shall be considered a signature to unsigned return(s) for the above referenced year and becomes part of my IFTA Quarterly Return.									
13	SIGNATURE OF APPLICANT	IGNATURE OF APPLICANT								
	TITLE						DATE			
NO	 TARY PUBLIC (ONLY IF	USING A P	OWER OF ATTORNE	Y)						
NOTA	ARY PUBLIC EMBOSSER SEAL OR	STATE OF				COUNT	(OR CITY	OF ST. LOUIS)		
DLAC	N INN RUBBER STAINF									
		SUBSCRIBED AND SWORN BEFORE ME, TH			HIS YEAR		USE RUBBER STAMP IN CLEAR AREA BELOW			
		NOTARY PUB	LIC SIGNATURE		MY COMMISSION	USE	KURREK	STAMP IN CL	EAK AKEA BELOW.	
					EXPIRES					
		NOTARY PUBLIC NAME (TYPED OR PRINTED)				-				