Motor Fuel Tax Section P O Box 1752 Little Rock, AR 72203 Phone. (501) 682-4815 Fax (501) 682-5599

Registration Year

ARKANSAS IFTA APPLICATION

1.	Federal Employee ID Number or Social Security No.	2. Arkansas IRP Account No. 3. U.S. DOT Number				
		Expiration Date				
4.	Applicant's Legal Name	5. Application Type:				
т.	Applicant's Legal Mane	5. Application Type.				
		Original 🗆 Renewal 🗆 Supplement 🗆				
6.	Trade/DBA Name (If different than Legal Name)	7. Applicant's Arkansas Phone Number				
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8.	Applicant's Arkansas Physical Address Str	eet City State Zip				
9.	Mailing Address Street or P.O. Bo	x City State Zip				
10.	Contact Person's Name	11. Contact's Telephone No.				
12.	Business Type: — Sole Proprietor -	– Partnership – Corporation				
13.	PRINT OR TYPE PARTNERS OR CORPORATE OFFICERS NAMES(S), TITLE, AND RESIDENCE ADDRESS					
	NAME	PHYSICAL RESIDENCE ADDRESS				
14						
14.	List Jurisdictions Where You Have Bulk Storage.					
1.5						
15.	NUMBER OF VEHICLES REQUIRING IFTA DE	CALSNO FEE				
CERTIFICATION – The applicant agrees to comply with reporting, payment, record keeping, and display requirements as specified in the International Fuel Tax Agreement. The applicant authorizes the State of Arkansas to withhold any refund of tax overpayment if delinquent taxes						
are du	are due any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all					
	member jurisdictions and any falsification subjects him or her to appropriate civic and/or criminal sanction of the base jurisdiction.					

member jurisdictions and any falsification subjects him or her to appropriate civic and/or criminal sanction of the base jurisdiction. 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.

Applicant's Signature	Applicant's Title		Date	
FOR OFFICE USE ONLY				
Decal Registration Numbers:	Beginning	Ending	Date Mailed	