

STATE OF MAINE

International Fuel Tax Agreement Application

Motor Carrier Services, Fuel Unit, 29 State House Station, Augusta, ME 04333-0029

Tel: (207) 624-9000 Ext. 52137 TTY Users call Maine relay 711

Please choose application type: **New Applicant []

Additional Decal(s) []

** NEW APPLICANTS MUST COMPLETE THE 2nd PAGE OF THE APPLICATION ALSO **

For a RENEWAL application, please call the Fuel Unit at (207) 624-9000, ext. 52137

US DOT#: []

MC#: []

IRP#: []

FED ID# or SSN#: []

TEL#: []

FAX#: []

Legal Name: _____ DBA: _____

(If not Incorporated, your name)

Mailing Address: _____

City: _____ State: _____ Zip: _____

PHYSICAL LOCATION (No PO Boxes): _____

CONTACT PERSON: _____ TEL # () _____

E-MAIL (if any): _____

** Tax Agent Name (if other than yourself) & Address: _____

** A Notarized Power of Attorney is required if you are signing on behalf of a taxpayer.

Names & Titles of Owners, Partners or Officers (REQUIRED for NEW applicants)

Indicate the number of decal sets (1 set per vehicle) you require: _____ X \$5.00 (per set) = \$ _____

Make checks payable to: SECRETARY OF STATE

By placing your signature on the line below, you agree to the following:

I agree to comply with the reporting, payment, record keeping and license display requirements of the INTERNATIONAL FUEL TAX AGREEMENT. I further agree that Maine may withhold any refund owed to me should I be delinquent on outstanding liabilities due any jurisdiction. I declare under penalty of false statement, that to the best of my knowledge and belief, the information contained herein is true and correct.

SIGNATURE (REQUIRED) DATE OF BIRTH TITLE DATE

DISCLOSURE :

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Providing your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is mandatory and is required by State and Federal law or rule to receive Motor Carrier credentials. Your SSN or FEIN will be used solely for identification purposes and will be kept confidential.

FOR OFFICE USE ONLY:

Decal(s) Issued from _____ to _____ Initials _____

CC Auth # _____ Check # _____ Cash _____ MO # _____

VS: _____

DOT: _____

UCR: _____

CORP: _____

LIC/DEC: _____

ACC: _____

RPC: _____

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Indicate with an (X) the jurisdictions in which you expect to operate
(These jurisdictions will be preprinted on your tax return)

- | | | |
|---|---|---|
| <input type="checkbox"/> ALABAMA | <input type="checkbox"/> MARYLAND | <input type="checkbox"/> ONTARIO |
| <input type="checkbox"/> ALBERTA | <input type="checkbox"/> MASSACHUSETTS | <input type="checkbox"/> OREGON |
| <input type="checkbox"/> ARIZONA | <input type="checkbox"/> MICHIGAN | <input type="checkbox"/> PENNSYLVANIA |
| <input type="checkbox"/> ARKANSAS | <input type="checkbox"/> MINNESOTA | <input type="checkbox"/> P E ISLAND |
| <input type="checkbox"/> BRITISH COLUMBIA | <input type="checkbox"/> MISSISSIPPI | <input type="checkbox"/> QUEBEC |
| <input type="checkbox"/> CALIFORNIA | <input type="checkbox"/> MISSOURI | <input type="checkbox"/> RHODE ISLAND |
| <input type="checkbox"/> COLORADO | <input type="checkbox"/> MONTANA | <input type="checkbox"/> SASKATCHEWAN |
| <input type="checkbox"/> CONNECTICUT | <input type="checkbox"/> NEBRASKA | <input type="checkbox"/> SOUTH CAROLINA |
| <input type="checkbox"/> DELAWARE | <input type="checkbox"/> NEVADA | <input type="checkbox"/> SOUTH DAKOTA |
| <input type="checkbox"/> FLORIDA | <input type="checkbox"/> NEW BRUNSWICK | <input type="checkbox"/> TENNESSEE |
| <input type="checkbox"/> GEORGIA | <input type="checkbox"/> NEW FOUNDLAND | <input type="checkbox"/> TEXAS |
| <input type="checkbox"/> IDAHO | <input type="checkbox"/> NEW HAMPSHIRE | <input type="checkbox"/> UTAH |
| <input type="checkbox"/> ILLINOIS | <input type="checkbox"/> NEW JERSEY | <input type="checkbox"/> VERMONT |
| <input type="checkbox"/> INDIANA | <input type="checkbox"/> NEW MEXICO | <input type="checkbox"/> VIRGINIA |
| <input type="checkbox"/> IOWA | <input type="checkbox"/> NEW YORK | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> KANSAS | <input type="checkbox"/> NORTH CAROLINA | <input type="checkbox"/> WEST VIRGINIA |
| <input type="checkbox"/> KENTUCKY | <input type="checkbox"/> NORTH DAKOTA | <input type="checkbox"/> WISCONSIN |
| <input type="checkbox"/> LOUISIANA | <input type="checkbox"/> NOVA SCOTIA | <input type="checkbox"/> WYOMING |
| <input checked="" type="checkbox"/> MAINE | <input type="checkbox"/> OHIO | |
| <input type="checkbox"/> MANITOBA | <input type="checkbox"/> OKLAHOMA | |

Check type of fuel consumed: Diesel Gasoline Gasohol CNG Propane Other _____

Type of business: Sole Owner Partnership Corp S Corp LLC Gov't

State of Incorporation: _____ Date of Incorporation: _____

If not incorporated, give date authorized to do business in Maine: _____

Do you lease vehicles? Yes No If yes, From others To others

Please list all states in which you maintain bulk storage. _____

Have you ever been issued an IFTA license by another jurisdiction? Yes No

If yes, list jurisdiction(s): _____

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

If yes, list jurisdiction(s) in which you were suspended _____