

FOR OFFICIAL USE ONLY

Check Cash

Decal # _____ to _____ Date _____ By _____ RT Account # _____ Qty _____ \$ _____ Ck/Rcpt # _____

New Applicant Renewal Additional RPC Lawson SoS DOT/SAFER UCR

STATE OF NH-2015 INTERNATIONAL FUEL TAX AGREEMENT (IFTA) APPLICATION

APPLICATION MUST BE COMPLETED IN FULL (see instructions, p. 4). Print or type legibly; incomplete/illegible applications will be returned.

1. APPLICANT LEGAL (BUSINESS) NAME (include "Inc.", "LLC", etc. as required):		2. Account # (on bottom of tax return: max. 6 digits, <u>NOT FEIN</u>):		3. Taxpayer ID #:	
4. Trade/DBA Name (complete only if different from legal name above):		5. USDOT #: _____ <input type="checkbox"/> This is the applicant's USDOT # <input type="checkbox"/> This is the lessor's USDOT #		6. Do you want invoices and notices e-mailed to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. MAILING ADDRESS below (address to which mail will be sent):		8. PHYSICAL ADDRESS below (legal address, no PO Box allowed). Complete only if different from mailing address:			
STREET or PO BOX:		STREET:			
CITY, STATE ZIP CODE:		CITY, STATE ZIP CODE:			
9. PRIMARY BUSINESS CONTACT (First & last name / include contact's title):			10. CONTACT PHONE #		11. CONTACT E-MAIL ADDRESS:
			() -		
12. What is your IRP base jurisdiction? (use postal 2-letter abbreviation: "NH", "ME", etc.)		13. IRP Account #: _____ <i>(IRP account # is listed on vehicle registration / cab card, 4th box down on left.)</i>		14. Do you have bulk storage? (see definition, p. 2) <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate what type(s): <input type="checkbox"/> Clear <input type="checkbox"/> Dyed If Yes, where (City, ST)? _____	
15. Is the applicant registered with the NH Secretary of State (SoS) to do business in NH? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, SoS Business ID #(s): _____ / _____ <i>(The SoS Business ID # is no more than 6 digits; use the following to help find your company's business ID: https://www.sos.nh.gov/corporate/soskb/csearch.asp, type in your company name). Any person conducting business under any name other than his/her own legal name must be registered and in good standing with the SoS.</i>					
16. What is the primary nature of this business? <input type="checkbox"/> Agriculture <input type="checkbox"/> Logging <input type="checkbox"/> Petroleum / Fuel Transportation <input type="checkbox"/> Other (explain):					
17. Do you currently, or did you previously, have any IFTA accounts other than this account? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list all other account numbers:					
18. Have you ever been issued an IFTA decal from any jurisdiction other than NH? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list all jurisdictions:					
19. Is your license currently suspended or revoked in any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list all jurisdictions:					
20. Are any of your vehicles leased? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, is the leasing company responsible for the filing of the quarterly tax reports? <input type="checkbox"/> No <input type="checkbox"/> Yes					
21. Check Type(s) of fuel consumed by IFTA vehicle(s): <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Gasohol <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other _____					
22. Quantity of vehicles requiring decals: _____ @ \$10.00 per set = \$ _____. (Make checks payable to "State of NH-Road Toll".)					
Applicant must complete the New Hampshire IFTA License Application (RT-129) regardless of fuel type for all qualified motor vehicles that will operate in 2 or more jurisdictions including New Hampshire. Qualified motor vehicles are designated as having: a) A gross vehicle weight or registered gross vehicle weight in excess of 26,000 lbs, or b) a gross combination weight in excess of 26,000 lbs. (i.e. a vehicle hauling a trailer), or c) any vehicle with three axles or more, regardless of weight (except a recreational vehicle). The decals must be applied to the exterior portion of both sides of the cab (Per R625 IFTA Articles of Agreement) and the license, or a copy, shall be carried in the vehicle before operating in any out-of-state jurisdiction.					
Certification By Applicant: Applicant agrees to comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that the base jurisdiction may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member states. Applicant agrees that the information given on this IFTA application is, to the best of his or her knowledge, true, accurate and complete. "This application is signed under penalty of unsworn falsification pursuant to RSA 641:3."					

Print / Type Signee's First and Last Name:		Date:	
Signature:		Signee's Title:	

Remit To: State of NH-Dept. of Safety-Road Toll Bureau 33 Hazen Drive, Concord NH 03305

Telephone #: (603) 271-2311; fax number: (603) 271-8211

Website = <http://www.nh.gov/safety/divisions/administration/roadtoll>

(TURN OVER TO PAGE 2 TO ENTER VEHICLE INFORMATION.)