



### International Fuel Tax Agreement (IFTA) License Application

New Jersey Motor Vehicle Commission  
Motor Carrier Services - Fuel Tax Section  
225 East State Street, P.O. Box 133  
Trenton, New Jersey 08666-0133  
(609) 633-9400

Office Use Only

Decals Requested : \_\_\_\_\_ x \$10

1 Federal Employer Identification Number	Suffix if any	OR	Social Security Number
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2 Legal Name
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3 Trade Name	4 Business Telephone Number
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5 Street Address	City	State	Zip code
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6 Mailing address for license and decals (if different from 5)	City	State	Zip code
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7 Mailing address for tax return and information (if different from 5)	City	State	Zip code
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8 Type of business	Partnership	Individual	Corporation	Limited Liability Corporation	Other (specify) _____
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9	Name	Title	Telephone Number

10 Are your vehicles involved in a lease agreement?	Yes	No	If yes, who is responsible for reporting all operations?	Lessor	Lessee
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Name of Lessor	Name of Lessee
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Address	Address
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City, State, Zip	City, State, Zip
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Telephone	Fax	Telephone	Fax
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11 Type of fuel used (Check all that apply)	Gas	Diesel	Propane	Gasohol	LNG	CNG	Ethanol	Methanol	E-85	M-85	A-55
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12 Do you maintain bulk storage?	Yes	No	If yes, where?
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13 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?

**POWER OF ATTORNEY (OPTIONAL)**  
I hereby appoint \_\_\_\_\_ as my Attorney in Fact for all matters related to fuel taxes including, but not limited to, filing and discussing all required documents with any employees of the State of New Jersey.

The applicant agrees to comply with reporting, payment, record-keeping and license display requirements as specified in New Jersey State Tax Law and the International Fuel Tax Agreement. The applicant further agrees that New Jersey may withhold any refunds due if the IFTA applicant is delinquent on payment of fuel taxes due any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of any IFTA license in all member jurisdictions.

I declare that to the best of my knowledge and belief, this application is true, correct and complete. I understand that a willfully false representation is a crime punishable under New Jersey Tax Law.

Type or print name	Title
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Signature of owner, partner, member, officer or person authorized by attached Power of Attorney	Telephone number	Date
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