

**MOTOR CARRIERS ROAD TAX/IFTA
 NEW ACCOUNT
 REGISTRATION APPLICATION
 (NOT FOR PURCHASING RENEWAL
 OR ADDITIONAL DECALS)**

Before completing this form, see Purpose Statement on reverse side.

1 PROVIDE LEGAL NAME AND TRADE NAME IF APPLICABLE - BUREAU USE ONLY -

LEGAL NAME _____

TRADE NAME _____

2 BUSINESS ADDRESS **3** MAILING ADDRESS (If different than item 2)

STREET ADDRESS (P.O. Box not acceptable) ADDRESS

CITY, STATE and ZIP CODE CITY, STATE AND ZIP CODE

4a EIN (If unavailable, Social Security number) **4b** TELEPHONE NUMBER
 ()

4c U.S. DOT NUMBER **4d** EMAIL ADDRESS

5 Tax Reporting Service - Name and Address (NOTE: If completed, the information will only be used to forward future renewal applications and tax reports.)

Name _____

Address _____

City, State and ZIP Code _____

6 List name, title, Social Security number and home address of all individual owners and elected officers constituting the ownership, partnership, association or corporation. Use a separate sheet if necessary.

Name	Title	Social Security Number
Home Address (Street, City, State, ZIP Code)		

Name	Title	Social Security Number
Home Address (Street, City, State, ZIP Code)		

7 Applicant is operating as: (check appropriate block)

A Corporation A Partnership An Individual An Association Other _____

8 (a) Describe major business activity including the use of your qualified motor vehicles.

(b) Indicate fuel types for PA-based qualified motor vehicles (check appropriate block)

Diesel Gasoline LNG LP Gas CNG

9 Complete the following for each qualified motor vehicle you intend to operate in Pennsylvania during the ensuing calendar year.

(a) IFTA Decals
 Number of vehicles that travel in PA and out of state _____

(b) PA-MCRT Decals
 Number of vehicles that travel in PA exclusively _____

(c) Total Decals Requested (Add Lines a and b.) _____

(d) Total Amount Due (Multiply Line c by \$12.) \$ _____

NOTE:
 If you purchase an IFTA decal, you must file quarterly IFTA tax reports and schedules.

Make check or money order payable to the PA Department of Revenue. Allow two to three weeks for delivery.

Remittance Submitted:

(e) Authorized Adjustment \$ _____
 (Attach Original Credit Notice.)

(f) Check or Money Order Amount \$ _____

DO NOT SEND CASH

ATTACH CHECK

Identify type of vehicle operation by checking the appropriate block.

Common Carrier Contract Carrier For Hire Carrier Private Carrier

Jurisdictions of travel and fuel bulk storage facilities. Place an X in Column A next to each jurisdiction in which you operate qualified motor vehicles. Place an X in:

Column B, by state, to show bulk storage of diesel;
Column C, by state, to show bulk storage of gas; and
Column D, by state, to show bulk storage of any other motor fuel.

ABCD	ABCD	ABCD	ABCD
<input type="checkbox"/> AK Alaska	<input type="checkbox"/> ID Idaho	<input type="checkbox"/> MT Montana	<input type="checkbox"/> RI Rhode Island
<input type="checkbox"/> AL Alabama	<input type="checkbox"/> IL Illinois	<input type="checkbox"/> NC North Carolina	<input type="checkbox"/> SC South Carolina
<input type="checkbox"/> AR Arkansas	<input type="checkbox"/> IN Indiana	<input type="checkbox"/> ND North Dakota	<input type="checkbox"/> SD South Dakota
<input type="checkbox"/> AZ Arizona	<input type="checkbox"/> KS Kansas	<input type="checkbox"/> NE Nebraska	<input type="checkbox"/> TN Tennessee
<input type="checkbox"/> CA California	<input type="checkbox"/> KY Kentucky	<input type="checkbox"/> NH New Hampshire	<input type="checkbox"/> TX Texas
<input type="checkbox"/> CO Colorado	<input type="checkbox"/> LA Louisiana	<input type="checkbox"/> NJ New Jersey	<input type="checkbox"/> UT Utah
<input type="checkbox"/> CT Connecticut	<input type="checkbox"/> MA Massachusetts	<input type="checkbox"/> NM New Mexico	<input type="checkbox"/> VA Virginia
<input type="checkbox"/> DC Dist of Columbia	<input type="checkbox"/> MD Maryland	<input type="checkbox"/> NV Nevada	<input type="checkbox"/> VT Vermont
<input type="checkbox"/> DE Delaware	<input type="checkbox"/> ME Maine	<input type="checkbox"/> NY New York	<input type="checkbox"/> WA Washington
<input type="checkbox"/> FL Florida	<input type="checkbox"/> MI Michigan	<input type="checkbox"/> OH Ohio	<input type="checkbox"/> WI Wisconsin
<input type="checkbox"/> GA Georgia	<input type="checkbox"/> MN Minnesota	<input type="checkbox"/> OK Oklahoma	<input type="checkbox"/> WV West Virginia
<input type="checkbox"/> HI Hawaii	<input type="checkbox"/> MO Missouri	<input type="checkbox"/> OR Oregon	<input type="checkbox"/> WY Wyoming
<input type="checkbox"/> IA Iowa	<input type="checkbox"/> MS Mississippi	<input type="checkbox"/> PA Pennsylvania	

CANADIAN PROVINCES

ABCD	ABCD	ABCD	ABCD
<input type="checkbox"/> AB Alberta	<input type="checkbox"/> NB New Brunswick	<input type="checkbox"/> NT N W Territory	<input type="checkbox"/> PQ Quebec
<input type="checkbox"/> BC British Columbia	<input type="checkbox"/> NF Newfoundland	<input type="checkbox"/> ON Ontario	<input type="checkbox"/> SK Saskatchewan
<input type="checkbox"/> MB Manitoba	<input type="checkbox"/> NS Nova Scotia	<input type="checkbox"/> PE Prince Edward Is.	<input type="checkbox"/> YT Yukon Territory

Have you ever been issued IFTA credentials from another jurisdiction? YES NO
If YES, specify jurisdiction _____

If the answer to Question 12 was YES, is the license currently suspended or revoked? YES NO

Applicant purchasing IFTA credentials agrees to comply with the reporting, payment, record keeping and license display requirements as specified in the motor carriers road tax (MCRT) and/or the International Fuel Tax Agreement (IFTA). Applicant further agrees that Pennsylvania may withhold any refund due, if the applicant is delinquent on payment of fuel taxes due Pennsylvania or any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions.

Applicant purchasing PA non-IFTA credentials attests that all travel by its qualified motor vehicles is within Pennsylvania, except operations conducted under a valid fuel trip permit, and that all fuel used in such operations is Pennsylvania tax-paid fuel. Applicant further agrees, under penalty of perjury, that the information given on this application is, to the best of his/her knowledge, true, accurate and complete.

NOTE: This form must be signed by an owner, partner or corporate officer named on the front of this application or by an authorized agent. If signed by an authorized agent, a properly completed Power of Attorney must be attached to this application.

Name	Signature	Title	Date
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PURPOSE STATEMENT, DECAL INFORMATION AND INSTRUCTIONS

Complete this application to establish an account if you are operating a PA-based qualified motor vehicle (a motor vehicle used, designed or maintained for the transportation of persons or property, which is (a) a power unit with two axles and a gross or registered gross weight greater than 26,000 pounds; (b) a power unit with three axles or more regardless of weight; or (c) a combination with a declared combination weight greater than 26,000 pounds or where the weight of the vehicle's truck and trailer exceed 26,000 pounds except a recreational vehicle) in PA and/or any other jurisdiction. A recreational vehicle is a qualified motor vehicle such as a motor home, pickup truck with attached camper or bus used exclusively for personal pleasure and never used in connection with a business enterprise.

IFTA DECALS: Request IFTA decals for PA-qualified motor vehicles that travel in and outside of Pennsylvania. An IFTA license, or a legible copy thereof, must be carried in each vehicle, and the vehicle must display IFTA decals on both sides of the cab.

NON-IFTA DECALS: For PA-qualified motor vehicles that travel exclusively in PA, request PA Non-IFTA decals. A road tax cab card must be carried in each vehicle, and the vehicle must display PA Non-IFTA decals on both sides of the cab. There is no quarterly reporting requirement for PA Non-IFTA credentialed vehicles, however, carriers are required to maintain records to verify PA operations (miles and fuel).

ALL DECALS ARE ISSUED AND VALID FOR A CALENDER YEAR. Credentials may be used as of Dec. 1 for the ensuing year. Because of the different tax reporting requirements associated with IFTA, multiple accounts will be assigned to anyone requesting both IFTA and non-IFTA decals. It should also be noted that within these type accounts (IFTA or PA Only) more than one account per entity may exist to accommodate fleet reporting.

Complete all sections on the application. If a question is not applicable write N/A. Complete Section 9 to purchase decals as described above. Sign the completed application (Section 14) and return it to:

PA DEPT OF REVENUE
BUREAU OF MOTOR AND ALTERNATIVE FUEL TAXES
PO BOX 280646
HARRISBURG PA 17128-0646

Contact the PA Department of Revenue, Bureau of Motor and Alternative Fuel Taxes at 1-800-482-4382 for tax or decal information. This form may be reproduced.