

LICENSING APPLICATION

(Operations must be in Virginia and at least one other jurisdiction)

Purpose: Use this form to establish a new Virginia IFTA account, or to renew or make changes to an existing Virginia IFTA account.

Instructions: Submit the completed application to DMV using one of the service options listed below. Any application that can not be processed will be returned after two weeks.

FAX/MAILING INFORMATION

TO: **DMV Motor Carrier Processing Center** FAX: 804-367-1073
MAILING ADDRESS: P.O. Box 27412, Richmond, Virginia 23269-0001

DATE SENT (mm/dd/yyyy)	TOTAL NUMBER OF PAGES
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Motor Carrier	CARRIER NAME		
	DAYTIME TELEPHONE NUMBER ()	FAX NUMBER ()	
DMV/CSC Use Only	CSC NAME		CSC LOCATION CODE
	TELEPHONE NUMBER ()	FAX NUMBER ()	CSR NAME

SERVICE OPTIONS

Service times indicated for each option below are based on DMV Motor Carrier Processing Center receiving this application by 3:00 pm. Service times may vary at the end of the month.

OPTION 1 - Internet
For faster service, use webCAT - DMV's free, on-line, full-service option. webCAT gives you quick, same day service. Go to www.dmvNOW.com, Commercial services, or contact webcat@dmv.virginia.gov.

OPTION 2 - Fax or mail application - credentials mailed next business day.

DMV to send credentials by Regular Mail
 Express Mail (fill in account information below)

<input type="checkbox"/> UPS air	<input type="checkbox"/> UPS ground	<input type="checkbox"/> FedEx Priority	<input type="checkbox"/> FedEx Standard
CARRIER EXPRESS ACCOUNT NUMBER			

OPTION 3 - Fax or mail application - pick up credentials at a DMV Customer Service Center (CSC) in 2 business days.

Carrier pick up credentials at

OPTION 4 - Drop off application at DMV Customer Service Center (CSC) - pick up credentials at a CSC in 3 business days.

Carrier pick up credentials at

CONTACT INFORMATION

If you have questions or need help completing this application, contact Motor Carrier Services at:
(804) 249-5130 (voice) (800) 272-9268 (deaf and hearing impaired only) mcsonline@dmv.virginia.gov (email)

PAYMENT METHODS

Please indicate payment method type:

Check (Attached) ACH Debit (Authorization Needed) Money Order (Attached) Credit Card (Complete information below)

NAME APPEARING ON CREDIT CARD										DAYTIME TELEPHONE NUMBER ()					
CREDIT CARD NUMBER										DATE CARD EXPIRES (mm/yy)					AMOUNT TO BE CHARGED
I authorize DMV to charge the credit card account listed above.										CARD HOLDER SIGNATURE					

IFTA LICENSING APPLICATION

TRANSACTION INFORMATION

(check applicable box)

NEW ACCOUNT
 RENEWAL
 CLOSE ACCOUNT
 ORDER DECALS
 CHANGE INFORMATION - My IFTA account needs to be changed to show the data entered below.

APPLICANT INFORMATION

IFTA ACCOUNT TYPE - CHECK ONE BELOW AND ENTER VA IFTA ACCOUNT NUMBER		VIRGINIA IFTA ACCOUNT NUMBER	
<input type="checkbox"/>	I: INDIVIDUAL (enter account name)		
<input type="checkbox"/>	P: PARTNERSHIP (enter all partners' names)		
<input type="checkbox"/>	C: CORPORATION NAME	CORPORATION STATE	
<input type="checkbox"/>	OTHER		
DOING BUSINESS AS NAME		FEIN/SSN	DOT NUMBER
Have you ever been licensed as an IFTA Carrier?		If IFTA licensed, was license revoked or suspended?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE A VIRGINIA IRP ACCOUNT?	<input type="checkbox"/> YES IF YES, ENTER VIRGINIA IRP ACCOUNT NUMBER →		
	<input type="checkbox"/> NO IF NO, BUT YOUR BUSINESS OPERATES LEASED VEHICLES THAT DISPLAY IRP PLATES, COMPLETE THE FOLLOWING:		
	VEHICLES LEASED FROM (lessor)	LESSOR IRP ACCOUNT NUMBER	NO. OF VEHICLES

BUSINESS INFORMATION

BUSINESS LOCATION STREET ADDRESS (NO POST OFFICE BOX)			
CITY		STATE VA	ZIP
BUSINESS LOCATION TELEPHONE NUMBER ()		FAX NUMBER ()	EMAIL ADDRESS
CONTACT PERSON NAME			
BUSINESS LOCATION TELEPHONE NUMBER ()		FAX NUMBER ()	EMAIL ADDRESS
GENERAL MAILING ADDRESS (if different from business location address)			
CITY		STATE	ZIP
TAX RETURN MAILING ADDRESS (if different from business location address)			
CITY		STATE	ZIP
DECAL/LICENSE MAILING ADDRESS (if different from business location address)			
CITY		STATE	ZIP
ADDRESS WHERE RECORDS ARE LOCATED (if different from business location address)			
CITY		STATE	ZIP

DECAL ORDER (2 decals in each set)

The decal fee is not refundable.	DECAL YEAR REQUESTED	TOTAL NUMBER OF SETS REQUESTED	FEE PER SET	TOTAL FEE DUE (number of sets times \$10.00)
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BULK FUEL STORAGE INFORMATION

Do you maintain bulk fuel storage for highway use? YES NO

If yes, indicate the fuel type and the jurisdiction where the bulk fuel is stored.

FUEL TYPE	JURISDICTION	FUEL TYPE	JURISDICTION
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CERTIFICATION

IFTA LICENSE AGREEMENT - I certify that I am responsible for fulfilling IFTA requirements, including quarterly tax payments, for leased vehicles that display IFTA decals and licenses obtained through this application.

RULES AND REGULATIONS - I agree to comply with reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement, Virginia Code and the rules and regulations of the Virginia Department of Motor Vehicles.

DELINQUENT TAXES AND LICENSE REVOCATION - I understand that failure to comply with these provisions shall be grounds for revocation of my IFTA license in Virginia and/or in all member jurisdictions. I further agree that the Department of Motor Vehicles may withhold any refunds due if I am delinquent on fuel taxes due to any member jurisdiction.

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER, PARTNER, OR CORPORATE OFFICER NAME (print)

TITLE	TELEPHONE NUMBER ()	FAX NUMBER ()
OWNER, PARTNER, OR CORPORATE OFFICER SIGNATURE	DATE (mm/dd/yyyy)	