## **West Virginia Division of Motor Vehicles**

## **Application for International Fuel Tax Agreement (IFTA) Credentials**

Commercial Licensing • IFTA Unit • 5707 MacCorkle Avenue, SE • PO Box 17900 • Charleston, WV 25317

BUSINESS	S LEGAL NAME .							
DBA / TR/	ADE NAME (If diffe	erent than leg	al name)					
BUSINESS	S PHYSICAL ADE	ORESS (Canr	not be PO B	ox)				
BUSINESS	S MAILING ADD	RESS (If diffe	erent from #	Street Address 3)		City	State	Zip Code
	Γ PERSON'S NAN			Street Address		City	State	Zip Code
						7) 547/41114050 (	,	
TELEPHO	NE NUMBER (_	)				7.) FAX NUMBER (_	)	
FEIN NUM	MBER OR SOCIAI	_ SECURIT`	Y NUMBI	ER				
US DOT N	NUMBER				10	.) IRP NUMBER		
LIST NA	MES AND ADDR	ESSES FOI	R ALL PA	RTNERS OR PRINC	IPAL OFFICERS	BELOW		
NAME		ADDRES	SS			TITLE		SOCIAL SECURITY
INDICATE	OWNERSHIP ETYPES OF FUEL	USED	PORATIC	SEL □GASOLINE	GASAH	OL □ NATURAL [	 □ NATURAL	COMPRESSED GAS
INDICATE	ETYPES OF FUEL	USED MARK WHIC	□ DIES	SEL □ GASOLINE  DICTIONS IN WHICH    KEY   OP = Open	GASAH  YOU ARE OPER  Tration   $BF = Bi$	OL NATURAL [ RATING, AND WHICH YOU Ik Fuel Storage	□ NATURAL J MAINTAIN E	COMPRESSED GAS
INDICATE	TYPES OF FUEL	USED	□ DIES	SEL □GASOLINE	E □GASAH	OL NATURAL [	 □ NATURAL	COMPRESSED GAS
INDICATE  INDICATE  BF  AB  AK	ETYPES OF FUEL  EWITH A CHECK N  JURISDICTION  ALBERTA  ALASKA	USED MARK WHIC	☐ DIES  CH JURISE  BF IN KS	DICTIONS IN WHICH    KEY   OP = Open  JURISDICTION  INDIANA  KANSAS	YOU ARE OPERATION   BF = BU	OL NATURAL [ RATING, AND WHICH YOU IK Fuel Storage    JURISDICTION  NORTH DAKOTA  NEBRASKA	NATURAL  MAINTAIN E  OP BF  PQ RI	COMPRESSED GAS BULK FUEL STORAG  JURISDICTION  QUEBEC RHODE ISLAND
INDICATE INDICATE BF AB	ETYPES OF FUEL  EWITH A CHECK N  JURISDICTION  ALBERTA	USED MARK WHIC	☐ DIES	GEL ☐ GASOLINE  DICTIONS IN WHICH    KEY   OP = Oper  JURISDICTION  INDIANA	GASAH  YOU ARE OPER  ration   BF = Bu  OP BF	OL NATURAL [ RATING, AND WHICH YOU ILK Fuel Storage    JURISDICTION  NORTH DAKOTA	OP BF	COMPRESSED GAS BULK FUEL STORAG JURISDICTION QUEBEC
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INDICATE  INDICATE  BF  AB  AK  AL  AR  AZ  BC	ETYPES OF FUEL  EWITH A CHECK I  JURISDICTION  ALBERTA  ALASKA  ALASKA  ALABAMA  ARKANSAS  ARIZONA  BRITISH COLUMB	USED  MARK WHIC	DIES  CH JURISE  BF  IN  KS  KY  LB  LA  MA	DICTIONS IN WHICH    KEY   OP = Open  JURISDICTION  INDIANA  KANSAS  KENTUCKY  LABRADOR  LOUISIANA  MASSACHUSETTS	YOU ARE OPERATION   BF = BU   ND   NF   NF   NH   NJ   NM   NM   NM   NM   NM   NM   NM	OL NATURAL  RATING, AND WHICH YOU  Ik Fuel Storage    JURISDICTION  NORTH DAKOTA  NEBRASKA  NEW FOUNDLAND  NEW HAMPSHIRE  NEW JERSEY  NEW MEXICO	OP BF PQ RI SC SC SD SK TN	COMPRESSED GAS BULK FUEL STORAG  JURISDICTION QUEBEC RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA SASKATCHEWAN TENNESSEE
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INDICATE  INDICATE  AB  AK  AL  AR  AZ  BC  CA  CO  CT  DC  DE	ETYPES OF FUEL  EWITH A CHECK N  JURISDICTION  ALBERTA  ALASKA  ALABAMA  ARKANSAS  ARIZONA  BRITISH COLUMB  CALIFORNIA  COLORADO  CONNECTICUT  DISTRICT OF COL  DELAWARE	USED  MARK WHIC	BF IN KS KY LB LA MA MB MD ME MI MN	DICTIONS IN WHICH  KEY   OP = Open  JURISDICTION  INDIANA  KANSAS  KENTUCKY  LABRADOR  LOUISIANA  MASSACHUSETTS  MANITOBA  MARYLAND  MAINE  MICHIGAN  MINNESOTA	GASAH  YOU ARE OPER  ration   BF = Bu  OP BF  NE  NF  NH  NJ  NM  NS  NT  NV  NY  OH	OL NATURAL  RATING, AND WHICH YOU  Ik Fuel Storage    JURISDICTION  NORTH DAKOTA  NEBRASKA  NEW FOUNDLAND  NEW HAMPSHIRE  NEW JERSEY  NEW MEXICO  NOVA SCOTIA  NORTHWEST TERRITORY  NEVADA  NEW YORK  OHIO	OP BF PQ RI SC SD SK TN TX UT VA VT WA	JURISDICTION QUEBEC RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA SASKATCHEWAN TENNESSEE TEXAS UTAH VIRGINIA VERMONT WASHINGTON
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X \$5.00 =

TOTAL DUE

CONTINUED ON BACK

ENTER NUMBER OF QUALIFIED VEHICLES REQUIRING DECALS

## **Request for Decals**

## **Qualified Motor Vehicles**

A motor vehicle used, designed, or maintained for transportation of persons or property and:

- Having two or more axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 lbs.
  - Having three or more axles regardless of weight
  - Is used in combination when the weight of such a combination exceeds 26,000 lbs.

    These do not include recreational vehicles.

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

APPLICANT AGREES UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN ON THE IFTA APPLICATION IS, TO THE BEST OF THEIR KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE.

IF A REPORTING SERVICE COMPLETES YOUR FUEL TAX REPORT, YOU MUST GIVE IT'S NAME, ADDRESS, AND PHONE NUMBER BELOW.    We hereby appoint as my/our attorney in fact for all manners related to fuel taxes including, but not limited to, filing and discussion of all required documents wany employee of the State of West Virginia.    SIGNATURE OF APPLICANT/OWNER   SIGNATURE OF APPLICANT/OWNER	SIGNATURE OF APPLICANT/OWNER	TITLE	DATE
WWW hereby appoint	E A REDORTING SERVICE COMPLETES VOLID FLIEL 1	TAY REPORT YOU MUST GIVE IT'S NAM	E ADDRESS AND PHONE
INGNATURE OF APPLICANT/OWNER  SIGNATURE OF APPLICANT/OWNER  SIGNATURE OF APPLICANT/OWNER  SIGNATURE OF APPLICANT/OWNER  NAME OF APPOINTED  PHONE NUMBER OF APPOINTED  PHONE NUMBER OF APPOINTED  PHONE NUMBER OF APPOINTED  PHONE NUMBER OF APPOINTED  NOTARY INFORMATION  HIS SECTION IS REQUIRED ONLY IF A REPORTING SERVICE COMPLETES YOUR TAX REPORT.  STATE OF COUNTY OF  On this day of, 20, before me, the undersigned Notary Public, in and for the county and state aforesaid personally uppeared and acknowledged to me that he/she executed the same as his/her ree and voluntary act and deed, and as free and voluntary act and deed of said corporation for the use and purposes therein set forth.  Siven under my hand and seal the day and year last above written.  Place Seal Here			
SIGNATURE OF APPLICANT/OWNER  SIGNATURE OF APPLICANT/OWNER  SIGNATURE OF APPLICANT/OWNER  SIGNATURE OF APPLICANT/OWNER  NAME OF APPOINTED  PHONE NUMBER OF APPOINTED  PHONE NUMBER OF APPOINTED  PHONE NUMBER OF APPOINTED  PHONE NUMBER OF APPOINTED  NOTARY INFORMATION THIS SECTION IS REQUIRED ONLY IF A REPORTING SERVICE COMPLETES YOUR TAX REPORT.  STATE OF COUNTY OF On this day of, 20, before me, the undersigned Notary Public, in and for the county and state aforesaid personally appeared and acknowledged to me that he/she executed the same as his/her ree and voluntary act and deed, and as free and voluntary act and deed of said corporation for the use and purposes therein set forth.  Siven under my hand and seal the day and year last above written.  Notary Public Place Seal Here	/we hereby appoint		as my/our attorney in
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Indersigned Notary Public, in and for the county and state aforesaid personally appeared and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, and as free and voluntary act and deed of said corporation for the use and purposes therein set forth.  Given under my hand and seal the day and year last above written.  Notary Public			
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Sorporation for the use and purposes therein set forth.  Siven under my hand and seal the day and year last above written.  Notary Public			
Siven under my hand and seal the day and year last above written.  Notary Public		deed of said	
Notary PublicP	corporation for the use and purposes therein set forth.		
Place Seal Here	Given under my hand and seal the day and year last above written.		
My Commission Expires Place Seal Here	Notary Public		
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