



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

Telephone • (304) 926-0799

- 1.) BUSINESS LEGAL NAME _____
- 2.) DBA / TRADE NAME (if different than legal name) _____
- 3.) BUSINESS PHYSICAL ADDRESS (Cannot be PO Box) _____
Street Address City State Zip Code
- 4.) BUSINESS MAILING ADDRESS (if different from #3) _____
Street Address City State Zip Code
- 5.) CONTACT PERSON'S NAME _____
- 6.) TELEPHONE NUMBER (_____) _____
- 7.) FAX NUMBER (_____) _____
- 8.) FEIN NUMBER OR SOCIAL SECURITY NUMBER _____
- 9.) US DOT NUMBER _____
- 10.) IRP NUMBER _____

11.) LIST NAMES AND ADDRESSES FOR ALL PARTNERS OR PRINCIPAL OFFICERS BELOW

NAME	ADDRESS	TITLE	SOCIAL SECURITY #

12.) TYPE OF OWNERSHIP CORPORATION PARTNERSHIP SOLE OWNERSHIP OTHER _____

13.) INDICATE TYPES OF FUEL USED DIESEL GASOLINE GASAHOL NATURAL NATURAL COMPRESSED GAS

14.) INDICATE WITH A CHECK MARK WHICH JURISDICTIONS IN WHICH YOU ARE OPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAGE IN.
 | KEY | OP = Operation | BF = Bulk Fuel Storage |

OP	BF	JURISDICTION	OP	BF	JURISDICTION	OP	BF	JURISDICTION	OP	BF	JURISDICTION
		AB ALBERTA			IN INDIANA			ND NORTH DAKOTA			PQ QUEBEC
		AK ALASKA			KS KANSAS			NE NEBRASKA			RI RHODE ISLAND
		AL ALABAMA			KY KENTUCKY			NF NEW FOUNDLAND			SC SOUTH CAROLINA
		AR ARKANSAS			LB LABRADOR			NH NEW HAMPSHIRE			SD SOUTH DAKOTA
		AZ ARIZONA			LA LOUISIANA			NJ NEW JERSEY			SK SASKATCHEWAN
		BC BRITISH COLUMBIA			MA MASSACHUSETTS			NM NEW MEXICO			TN TENNESSEE
		CA CALIFORNIA			MB MANITOBA			NS NOVA SCOTIA			TX TEXAS
		CO COLORADO			MD MARYLAND			NT NORTHWEST TERRITORY			UT UTAH
		CT CONNECTICUT			ME MAINE			NV NEVADA			VA VIRGINIA
		DC DISTRICT OF COLUMBIA			MI MICHIGAN			NY NEW YORK			VT VERMONT
		DE DELAWARE			MN MINNESOTA			OH OHIO			WA WASHINGTON
		FL FLORIDA			MO MISSOURI			OK OKLAHOMA			WI WISCONSIN
		GA GEORGIA			MS MISSISSIPPI			ON ONTARIO			WV WEST VIRGINIA
		IA IOWA			MT MONTANA			OR OREGON			WY WYOMING
		ID IDAHO			NB NEW BRUNSWICK			PA PENNSYLVANIA			YT YUKON TERRITORY
		IL ILLINOIS			NC NORTH CAROLINA			PE PRINCE EDWARD ISLAND			

16.) HAVE YOU EVER BEEN ISSUED AN IFTA LICENSE BY ANOTHER IFTA JURISDICTION? YES NO

LIST PREVIOUS JURISDICTIONS (if answered "YES")	DATE ISSUED

17.) TWO IDENTICALLY NUMBERED IFTA DECALS ARE REQUIRED FOR EACH QUALIFIED MOTOR VEHICLE OPERATED.

ENTER NUMBER OF QUALIFIED VEHICLES REQUIRING DECALS X \$5.00 = TOTAL DUE

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.

SIGNATURE OF APPLICANT/OWNER

TITLE

DATE

IF A REPORTING SERVICE COMPLETES YOUR FUEL TAX REPORT, YOU MUST GIVE IT'S NAME, ADDRESS, AND PHONE NUMBER BELOW. AS WELL AS YOUR SIGNATURE, THIS FORM WILL NEED TO BE NOTARIZED BELOW.

I/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 with any employee of the State of West Virginia.

SIGNATURE OF APPLICANT/OWNER

SIGNATURE OF APPLICANT/OWNER

NAME OF APPOINTED

ADDRESS 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 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 _____

My Commission Expires _____

