

Application Type: Original Renewal Additional

IFTA Qualifying Vehicles over 26,000 lbs or Power Unit with 3 or more axles regardless of weight.

PID: _____ Federal ID or Social Security #: _____

1) Applicant (Business) Legal Name: _____

2) Trade (DBA) Name (if Different): _____

3) Physical Address (no PO Box)

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

4) Mailing Address (for credentials)

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

5) Contact Information

Name: _____ Phone Number(s): _____

Email: _____ Fax: _____

6) Type of Ownership (check one): Individual Partnership Corporation Other _____

7) List owners or corporate officers

Social Security Number (Optional)

Name and Title

City and State

8) Do you have or have you ever had an IFTA license in another jurisdiction? YES NO

If yes, please list those jurisdictions: _____

9) Has your IFTA License ever been suspended or revoked in any jurisdiction? YES NO

If yes, where? _____

10) Are any or all of your vehicles leased? YES NO

If yes, and only if the leasing company is responsible for filing the Quarterly Tax Reports, Vermont DMV must be provided with a copy of the lease agreement.

11) Do you maintain bulk fuel storage in any jurisdiction? YES NO

If yes, please indicate your distributor's name and address: _____

12) Types of Fuel Used: Diesel Gasoline Propane (LP) Gasohol Natural Gas Other _____

13) Total Number of VEHICLES requiring IFTA decals at this time: _____

THIS APPLICATION MUST BE SIGNED OR IT WILL BE RETURNED TO THE APPLICANT

The undersigned certifies under penalties of perjury that I have examined this International Fuel Tax Agreement (IFTA) application, and to the best of my knowledge, it is true, accurate, and complete. I accept personal responsibility for complying with reporting, payment, record keeping, and license display requirements specified in the IFTA. I further agree that the State of Vermont may withhold any refunds or overpayments due to me if I am delinquent on payments of motor fuel taxes due to the State of Vermont or any IFTA member jurisdiction. The undersigned certifies that the vehicles to be licensed and provided with IFTA decals and license credentials are properly registered and equipped and in good mechanical condition and that the applicant and/or these vehicles are not under suspension pursuant to 23 V.S.A. §3009(b) (diesel tax related). Statements and warrants made herein are certified under penalty of 23 V.S.A. §202, 2083 and 32 V.S.A. §8901-8915.

Signature of Owner or Authorized Agent

Date

Phone: _____

Fax: _____

If you require further information or assistance completing this form, please call the Vermont Department of Motor Vehicles Commercial Vehicle Operations, Fuel Tax Unit at (802) 828-2070

DMV USE ONLY – DO NOT WRITE IN SHADED AREA

DECALS ISSUED: # _____

LICENSE ISSUED: _____

DOC. LOC. NO.

_____/_____/_____

DATE: _____