



## IFTA APPLICATION

### GENERAL INFORMATION

REGISTRATION YEAR		FEIN/SSN	
LEGAL NAME			
DOING BUSINESS AS (DBA) NAME			
BUSINESS ADDRESS (Street or Road Designation)		CITY	STATE
MAILING ADDRESS -- (Street or PO Box)		CITY	STATE
PERSON TO CONTACT	CONTACT PHONE NO.	FAX NO.	E-MAIL ADDRESS

### DECALS

NUMBER OF VEHICLES NEEDING DECALS: \_\_\_\_\_ **\*\*\*THERE IS NO CHARGE FOR DECALS\*\*\***

**The number of decals issued must reconcile with the number of trucks licensed, and will be subject to audit.**

### BULK STORAGE

DO YOU MAINTAIN BULK STORAGE?  
 YES     NO    If yes, where? \_\_\_\_\_

### FUEL TYPE

TYPE OF FUEL USED:						Do you haul PETROLEUM or products containing PETROLEUM?	
<input type="checkbox"/> GAS	<input type="checkbox"/> DIESEL	<input type="checkbox"/> PROPANE	<input type="checkbox"/> GASOHOL	<input type="checkbox"/> ETHANOL	<input type="checkbox"/> METHANOL	YES	NO
<input type="checkbox"/> CNG	<input type="checkbox"/> LNG	<input type="checkbox"/> E-85	<input type="checkbox"/> M-85	<input type="checkbox"/> A55	BIODIESEL		

### LICENSE TYPE

TYPE OF MISSOURI LICENSE:  
 APPORTIONED     BEYOND LOCAL     FARM     LOCAL     DEALER

### LEASE INFORMATION

ARE YOUR VEHICLES INVOLVED IN A LEASE AGREEMENT?  
 YES     NO

If Yes, who is responsible for the fuel tax reporting?     Lessor     Lessee

Name and address of Lessee: \_\_\_\_\_

### PREVIOUS IFTA

HAVE YOU PREVIOUSLY HELD AN IFTA LICENSE IN ANOTHER JURISDICTION?  
 YES     NO

If yes, in what jurisdiction? \_\_\_\_\_    Is that license currently suspended or revoked?     YES     NO

### SIGNATURE

SIGNATURE	DATE
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## IFTA APPLICATION INSTRUCTIONS

### SECTION 1. GENERAL INFORMATION

**Registration Year** – Enter all four digits of the registration year.

**FEIN/SSN** – Enter the Federal Employee Identification Number issued by the Internal Revenue Service. A sole proprietor who does not have an FEIN should enter a Social Security Number.

**Legal Name** – Enter the company’s legal name. This name must be the same as what is registered with the FMCSA. Do not enter a DBA name.

→ Single Owner: enter the first and last name as shown on birth records.

→ Partnership: list the legal name of each partner.

→ Corporation or LLC: enter the unique name that is on file with the company’s state of incorporation.

**Doing Business As (DBA) Name** – If the company uses a fictitious (DBA) name, and is a Missouri based carrier, that name must be registered with the Missouri Secretary of State. Contact the Secretary of State’s office at 1.800.223.6535 with questions.

**Business Address** – Enter the Missouri address where the registrant/motor carrier has an established place of business.

**Mailing Address** – Enter the mailing address, if different than the business address. This address may be a PO Box.

**Person to Contact** – Enter the name of the person who will be the contact for the account.

**Phone & Fax Numbers** - Enter the business telephone and fax numbers of the contact person.

**E-mail Address** – Enter the e-mail address of the contact person for account correspondence.

### SECTION 2. DECALS

**Number of vehicles needing decals** – Enter the number of qualified vehicles needing decals. (The number of decals issued must reconcile with the number of trucks licensed, and will be subject to audit.)

### SECTION 3. BULK STORAGE

**Do you maintain bulk storage** – Check the box to indicate if the company maintains bulk storage. If yes, indicate the location of the bulk storage facility.

### SECTION 4. FUEL TYPE

**Type of fuel used** - Check the box to indicate the type of fuel used in qualified vehicle(s).

### SECTION 5. LICENSE TYPE

**Type of Missouri license** – Indicate the type of Missouri license plate(s) that are displayed on the qualified vehicle(s).

### SECTION 6. LEASE INFORMATION

**Leased Vehicles** – Check the box to indicate if the vehicle(s) being licensed are leased. If yes, indicate who is responsible for the fuel reporting and the name and address of the party the vehicle(s) are leased to.

### SECTION 7. PREVIOUS IFTA

**Previously held IFTA License** – Check the box to indicate if the company has previously held an IFTA license in another jurisdiction. If yes, check the box to indicate if the license has been suspended or revoked and the jurisdiction in which the license was held.

### SECTION 8. SIGNATURE

The signature on the application shall be considered the signature to your unsigned quarterly returns for the registration year and will become part of your quarterly returns. Signing the application also certifies that you understand the requirements of the International Fuel Tax Agreement and that all information supplied on the application and quarterly returns will be true, correct and complete to the best of your knowledge.