



STATE OF FLORIDA
 DIVISION OF MOTOR VEHICLES
 BUREAU OF MOTOR CARRIER SERVICES Room A110
 TALLAHASSEE, FLORIDA 32399-0625
 (904) 488-6921

INDICATE ACCOUNT TYPE	
<input type="checkbox"/>	IFTA
<input type="checkbox"/>	FLORIDA FUEL USE (NON IFTA)

**APPLICATION FOR
 FLORIDA MOTOR FUEL USE TAX (FUT)
 OR
 INTERNATIONAL FUEL TAX AGREEMENT (IFTA)
 CREDENTIALS**

1. a. Owner's Name: _____ b. Business Name (if different): _____

2. Business Location Address: _____

3. Business Mailing Address: _____

4. Contact Person: _____ 5. Telephone Number: _____

6. Account Number: _____ 7. Business Telephone Number: _____
Federal Employer Identification # or Social Security #

8. Check Type of Ownership: Individual Partnership Corporation Other

9. List Owner, Partners or Corporate Officers:

Name	Address	Title	Social Security #	Telephone #
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10. If registered with Florida Department of Revenue under Chapter 206, as a Special Fuel Dealer or Motor Fuel Distributor, give license number(s): Special Fuel: _____ Motor Fuel: _____ Effective Date: _____

11. List Florida International Registration Plan (IRP) Account Number: _____

12. Types of fuel used (check all that apply): Diesel Gasoline Propane Gasohol Natural Gas

13. Have you ever been licensed in another IFTA jurisdiction? Yes No

14. Has your license ever been revoked? Yes No

PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION

**NEW APPLICANT ONLY
 FLORIDA FUT & IFTA DECAL ORDER FORM**

15. Indicate the number of qualified motor vehicles requiring decals for IFTA or FUT. Only one type may be requested.

FEI/SS # _____ DECAL YEAR ORDERED _____

NAME _____ IFTA DECAL SETS NEEDED _____

ADDRESS _____ FUT DECALS NEEDED _____

CITY/STATE/ZIP _____ DRIVE-A-WAYS NEEDED _____

FEE x \$4.00

 Authorized Signature

TOTAL AMOUNT DUE

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 Telephone Number

16. Indicate with a check (2) the jurisdictions in which you are operating, and in which you maintain bulk fuel storage (OP = Operate IF = Bulk Fuel Storage)															
OP	BF	Jurisdiction		OP	BF	Jurisdiction		OP	BF	Jurisdiction					
		AL	Alabama			KY	Kentucky			NC	N. Carolina			WI	Wisconsin
		AK	Alaska			LA	Louisiana			ND	N. Dakota			WY	Wyoming
		AZ	Arizona			ME	Maine			OH	Ohio			CANADIAN PROVINCES	
		AR	Arkansas			MD	Maryland			OK	Oklahoma				
		CA	California			MA	Massachusetts			OR	Oregon			AB	Alberta
		Co	Colorado			MI	Michigan			PA	Pennsylvania			BC	Br. Columbia
		CT	Connecticut			MN	Minnesota			RI	Rhode Island			MB	Manitoba
		DE	Delaware			MS	Mississippi			SC	S. Carolina			NB	New Brunswick
		DC	Dist. of Col.			MO	Missouri			SD	S. Dakota			NF	Newfoundland
		FL	Florida			MT	Montana			TN	Tennessee			NS	Nova Scotia
		GA	Georgia			NE	Nebraska			TX	Texas			NT	Northwest Territ.
		ID	Idaho			NV	Nevada			UT	Utah			ON	Ontario
		IL	Illinois			NH	New Hampshire			VT	Vermont			PE	Prince Edward Is.
		IN	Indiana			NJ	New Jersey			VA	Virginia			PQ	Quebec
		IA	Iowa			NM	New Mexico			WA	Washington			SK	Saskatchewan
		KS	Kansas			NY	New York			WV	West Virginia			YT	Yukon

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS CORRECT AND COMPLETE. I AGREE TO COMPLY WITH REPORTING, PAYMENT, RECORD-KEEPING AND LICENSE DISPLAY REQUIREMENTS AS SPECIFIED IN THE INTERNATIONAL FUEL TAX AGREEMENT. I FURTHER AGREE THAT THE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES MAY WITHHOLD ANY REFUNDS DUE ME IF I AM DELINQUENT ON PAYMENT OF FUEL TAXES DUE ANY MEMBER JURISDICTION. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE PROVISIONS SHALL BE GROUNDS FOR REVOCATION OF MY LICENSE IN ALL MEMBER STATES.

Signature of Owner, Partner, Corporate Officer or Person Authorized
by Attached Power of Attorney

Date

Telephone Number

INSTRUCTIONS (Please Print or Type Application)

- 1a. OWNER'S NAME - Print the name of the person making application. b. Print the name of the business, if different.
2. BUSINESS LOCATION - Enter the actual location of your motor carrier business or office.
3. MAILING ADDRESS - Enter the location where credentials should be mailed.
4. CONTACT PERSON - Enter name of person to contact in reference to account.
5. TELEPHONE NUMBER - Enter contact person's telephone number.
6. ACCOUNT NUMBER - List your FEI # or the Social Security # of an officer of the company if the company does not have an FEI number.
This number should be referenced when inquiring on your account.
7. TELEPHONE NUMBER - Enter your business telephone number.
8. TYPE OF OWNERSHIP - Check the box that best describes your type of ownership.
9. OWNER'S NAME - Print the name of the owner of the above motor carrier business (if same, please indicate)
10. If you are registered with the Florida Department of Revenue under Chapter 206, Florida Statutes, as a Special Fuel Dealer Distributor, please give license numbers of both, and the date the license was issued (effective).
- I 1. FLORIDA IRP ACCOUNT NUMBER - Enter Florida IRP account number.
12. Indicate with a check (2) the types of fuel. used, (check all that apply).
13. Indicate with a check (2) whether you have ever been licensed as an IFTA carrier in another IFTA jurisdiction.
14. If you were previously licensed, indicate with a check (2) whether your license was ever revoked.
15. Indicate the number of IFTA / FUT decals or Drive-A-Ways needed.
16. SCHEDULE OF IFTA JURISDICTIONS - Place a check (2) next to each jurisdiction in which you plan to operate and maintain bulk storage.

NOTE: Drive-A-Way permits are issued to FUT applicants only. An IFTA carrier conducting a Drive-A-Way operation must order an IFTA decal.