## MISSOURI IFTA APPLICATION FORM INSTRUCTIONS

### SECTION 1

**Registration year** - Enter all four digits of the registration year (e.g., 2006).

**Federal Identification Number or Social Security Number** - Enter the **applicants** Federal Identification Number or Social Security Number. This number will be assigned as the account number.

**IRP Apportioned Account Number** - Enter the applicants International Registration Plan (IRP) account number assigned by Motor Carrier Services, if applicable.

**Name of Applicant/Carrier** - Enter the name in which the IFTA license is to be issued.

**Doing Business As** - If applicable, enter the name in which the applicant/carrier does business.

**Business Address (Street or Road Designation)** - Enter the Missouri address where the applicant has an established place of business.

**Mailing Address** - Enter the address where the applicant desires his/her credentials/notifications mailed.

**Person to Contact** - Indicate the individual responsible for the completion of the form and who is familiar with the requirements of the application.

**Contact Phone Number** - Enter the area code and phone number of the contact person.

**Fax Number** - Enter the area code and fax number.

**Email Address** - Enter the email address of the person responsible for processing/completing the applications.

### SECTION 2

**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** - Indicate if bulk storage is maintained and the location of the storage.

### SECTION 4

**Type of Fuels Used** - Indicate each type of fuel being used in the qualified vehicle(s).

### SECTION 5

**Type of Missouri License** - Indicate the types of Missouri license plate(s) that are displayed on the qualified vehicle(s).

### SECTION 6

**Leased Vehicles** - Indicate if vehicles being licensed are leased by marking the appropriate box. If yes, indicate who is responsible for the fuel reporting. Indicate the name and address of the party the vehicle(s) are leased to.

### SECTION 7

**Applicant Partners or Officers** - List the names and titles of partners or officers associated with the applicant/business.

### SECTION 8

**Previously held IFTA license** - Indicate if you have previously held an IFTA license in another jurisdiction by marking the appropriate box. If yes, and the previous license has been suspended or revoked mark the appropriate box and indicate the jurisdiction in which the license was held.

### SECTION 9

**Petroleum Products** - Indicate if the applicant is hauling petroleum products.

### SECTION 10

**Power of Attorney (Optional)** - If a carrier service or any other person other than yourself is responsible for the filing of your application or the quarterly returns, you MUST complete this section and have the application notarized. **Your account information will only be discussed with the appointed person or the person signing the application for license.**

### SECTION 11, 12 AND 13

**Signature of Applicant** - The signature on the application shall be considered signature(s) to your unsigned quarterly return(s) for the registration year and will become part of your quarterly return(s). Signing of the application also certifies that you understand the requirement of the International Fuel Tax Agreement and that all information supplied on the application and the quarterly return(s) will be true, correct, and completed to the best of your knowledge.

This form has been designed to be completed online. Simply fill out the necessary information, print, sign and mail.

MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES
830 MODOT DRIVE, P.O. BOX 270
JEFFERSON CITY, MO 65102-0270
PHONE: (866) 831-6277 OR (573) 751-7100
FAX: (573) 751-0916
WEB SITE ADDRESS: www.modot.org/mcs

Reset | Print

# MISSOURI IFTA APPLICATION

| REGISTRATION DATE | EXAMINED |
|---|---|
| | |

**1**

| REGISTRATION YEAR | FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER | IRP APPORTIONED ACCOUNT NUMBER (IF APPLICABLE) |
|---|---|---|
| | | |

NAME OF APPLICANT/CARRIER

DOING BUSINESS AS

| BUSINESS ADDRESS (STREET OR ROAD DESIGNATION) | CITY | STATE | ZIP CODE | COUNTY |
|---|---|---|---|---|
| | | | | |

| MAILING ADDRESS (STREET OR BOX NUMBER) | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

| PERSON TO CONTACT | CONTACT PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS |
|---|---|---|---|
| | | | |

**2** 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.**

**3** Do you maintain bulk storage? ☐ YES ☐ NO If yes, where:

**4** Please indicate the type of fuel(s) used:
☐ GAS ☐ DIESEL ☐ PROPANE ☐ GASOHOL ☐ LNG ☐ CNG ☐ ETHANOL ☐ METHANOL ☐ E-85 ☐ M-85 ☐ A55

**5** Type of Missouri License: ☐ APPORTIONED ☐ BEYOND LOCAL ☐ FARM ☐ LOCAL ☐ DEALER

**6** Are your vehicles involved in a lease agreement? ☐ YES ☐ NO
If yes, who is responsible for the fuel tax reporting? ☐ Lessor ☐ Lessee
Indicate name and address of Lessee: _____

**7** List name and title of applicant partners or officers:
_____
_____

**8** Have you previously held an IFTA License in another jurisdiction? ☐ YES ☐ NO
Is that license currently suspended or revoked? ☐ YES ☐ NO If yes, in what jurisdiction?

**9** Do you haul petroleum products? ☐ YES ☐ NO

**10** POWER OF ATTORNEY (OPTIONAL)
I hereby appoint _____ as my Attorney in Fact for all matters related to fuel taxes including, but not limited to, filing and discussing all required documents with any employee of the State of Missouri.

**11** **The applicant agrees, by signing below, to comply with quarterly reporting, payment, recordkeeping supported by four years of records, and license display requirements as specified in the INTERNATIONAL FUEL TAX AGREEMENT (IFTA). The applicant authorizes the state of Missouri to withhold any refund of over-payment, if delinquent amounts are due any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions. Applicant agrees that the information given on this application is, to the best of his/her knowledge, true, accurate, and complete.**

**12** I certify, under penalty of the laws of the state of Missouri in regard to making a false declaration to a public official, that my future quarterly return(s), for the above referenced year, will be true, correct and complete to the best of my knowledge. My signature below shall be considered a signature to unsigned return(s) for the above referenced year and becomes part of my IFTA Quarterly Return.

**13**

| SIGNATURE OF APPLICANT | |
|---|---|
| TITLE | DATE |

## NOTARY PUBLIC (ONLY IF USING A POWER OF ATTORNEY)

| NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP | STATE OF | | COUNTY (OR CITY OF ST. LOUIS) |
|---|---|---|---|
| | SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR | | **USE RUBBER STAMP IN CLEAR AREA BELOW.** |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES | |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | | |