INTERNATIONAL FUEL TAX LICENSE APPLICATION AND REINSTATEMENT
North Dakota Department of Transportation, Motor Vehicle Division

SFN 17105 (06-2008)

Please Print or Type. See Instructions on Reverse Side.

1. ND IFTA Account Number | 2. IRP Account Number | 3. US DOT Number

4. Application Type (check one) ☐ Original ☐ Amendment ☐ Reinstatement

5. Business Type (check one) ☐ Individual ☐ Partnership ☐ Corporation

6. Applicant Legal Name

7. Trade/DBA Name (if different than legal name)

8. Business Address

City | State | Zip Code | Area Code - Telephone Number

9. Applicant's Mailing Address | E-mail Address

City | State | Zip Code

10. Contact Person Name | Area Code - Telephone Number

11. Federal Employer Identification Number (FEIN)

12. Social Security Number (Only if no FEIN)

13. Previous IFTA License (indicate jurisdictions in which you had a prior IFTA License)

14. Bulk Storage (indicate jurisdictions in which you maintain bulk storage)

16. License Type(s) ☐ Commercial ☐ Farm ☐ Prorate

15. Fuel Types (indicate the types of fuel your qualified vehicles use)
☐ (D) Diesel ☐ (G) Gasoline ☐ (P) Propane ☐ (GH) Gasohol ☐ (NG) Natural Gas ☐ (BD) Biodiesel

Fee Calculation, Fuel Decal Request:

A. Number of vehicles requiring fuel decals: _____ x $1.00 = (See Instruction A on Reverse Side) decals: $ _____

B. License Fee (original) $ 5.00

C. Original Application or Reinstatement Fee $ 20.00

D. TOTAL Enclosed $ _____

When ordering additional decals during the year, card fees are $3.00.

CERTIFICATION: I certify that to the best of my knowledge the information and statements on this application are true and correct. I agree to comply with reporting, payment, record keeping and display requirements as specified by the International Fuel Tax Agreement. I further agree that North Dakota may withhold any refunds due me if I become delinquent in payment of fuel taxes, whether due North Dakota or any IFTA member jurisdiction. I also understand that failure to comply with these provisions shall be grounds for revocation of my fuel tax license in all member jurisdictions.

I certify with my signature that, to the best of my knowledge, the information is true, accurate, and complete and any falsification subjects me to appropriate civil and/or criminal sanction of the base jurisdiction. (e.g., perjury).

Make check payable to: NDDOT

_____
Applicant Signature

_____
Applicant Title

Date ☐☐ / ☐☐ / ☐☐☐☐

SEND APPLICATION AND PAYMENT TO:

MOTOR VEHICLE DIVISION/IFTA
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2928
Fax (701) 328-3500

Your fuel license and decals will be sent to your business address.

INSTRUCTIONS

1. **North Dakota Account Number:** Complete only if you are reinstating your account. List account number previously assigned.
2. **IRP Account Number:** List International Registration Plan account number issued by North Dakota.
3. **US DOT Number:** List number issued by the Federal Motor Carrier Safety Administration (FMCSA).
4. **Application Type:**
   Original - provides us with general information about your business.
   Amendment - permits you to update your name, address, telephone, order replacement license, or purchase additional decals.
   Reinstatement - restores your account to good standing.
5. **Business Type:** Your business structure; (Sole Proprietor, Partnership, or Corporation).
6. **Applicant Legal Name:** The name used on Income Tax Returns and the name used when you applied for your Federal Employer Identification Number or your Social Security Number.
7. **Trade/Doing Business As (DBA):** The business name under which you operate. (Complete only if different than legal name.)
8. **Business Address:** The physical address where operational control and records to be audited are kept for the licensee's vehicles.
9. **Mailing Address:** Complete only if different than business address. (All correspondence will be sent to this address.)
10. **Contact Person:** The name of the person who is filing your fuel tax returns with us, or, the person we may contact for information about your returns. Please provide telephone number where they may be reached Monday-Friday, 7:45 a.m.-4:30 p.m. (List the name of your permitting agent if applicable)
11. **Federal Employer Identification Number (FEIN):** Also referred to as the taxpayer identification number and is issued by the IRS. (Also see Item 9).
12. **Social Security Number:** Complete only if you are a sole proprietor with no employees and you are not required by the IRS to hold a FEIN.
13. **Previous IFTA License:** Indicate jurisdictions in which you had a prior IFTA License.
14. **Bulk Storage:** Indicate ALL member states in which you maintain bulk storage facilities.
15. **Fuel Types:** Indicate which type(s) of fuel your vehicles use.
16. **License Type(s):** Commercial - North Dakota only
    Farm - Farm use
    Prorate - Interstate
    Travel

Fuel Calculation
(Fuel Decal Request)

Number of vehicles requiring fuel decals: Each 'qualified motor vehicle' that is to be operated in North Dakota must display IFTA decals. A qualified motor vehicle is a motor vehicle used, designed or maintained for transportation of persons or property and

1) has two axles and a gross weight exceeding 26,000 pounds, or;
2) has two axles and a registered weight exceeding 26,000 pounds, or:
3) has three or more axles regardless of weight, or:
4) is used in combination and the gross weight of the combined vehicles exceeds 26,000 pounds. Qualified motor vehicle does not include recreation vehicles.

A. **Decal Fee:** A fee of $1.00 per vehicle will be charged. If ordering additional decals during the year, add $3.00 card fee.

B. **License Fee:** A $5.00 license fee is charged on original and renewal applications.

C. **Application or Reinstatement Fee:** A $20.00 handling fee is charged on original and reinstatement applications.

D. **Total Fee:** Add A, B, and C to arrive at a total fee.

Signature: This application must be signed and dated by an owner, partner or authorized representative