

TEXAS APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT LICENSE



SUSAN COMBS • TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

GENERAL INFORMATION

WHO MUST SUBMIT THIS APPLICATION - Any Texas based entity operating qualified motor vehicle(s) in two or more IFTA (International Fuel Tax Agreement) jurisdictions may obtain a Texas IFTA license in lieu of obtaining trip permits to satisfy their motor fuels tax obligations to other states. To be issued a Texas IFTA license, Texas must be your base jurisdiction.

FOR ASSISTANCE - If you have any questions about this application, filing tax returns or any other tax-related matter, contact the Texas State Comptroller's office at 1-800-252-1383 toll free nationwide, or call 512/463-4600.

GENERAL INSTRUCTIONS -

- Write only in white areas.
- Please do not separate pages.
- Do not use dashes when entering Social Security, Federal Employer's Identification (FEI), Texas Taxpayer, or Texas Vendor Identification numbers.
- Complete this application and mail to: **COMPTROLLER OF PUBLIC ACCOUNTS**
111 E. 17th Street
Austin, Texas 78774-0100

FEDERAL PRIVACY ACT - Disclosure of your social security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

You have certain rights under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or toll-free number listed on this form.

SPECIFIC INSTRUCTIONS

Item 1 - SOLE OWNER: Enter the first name, middle initial and last name.
PARTNERSHIP: Enter the legal name of the partnership.
CORPORATION: Enter the legal name exactly as it is registered with the Secretary of State.
OTHER ORGANIZATION: Enter the title of the organization.

Item 2 - Enter complete mailing address where you wish to receive mail from the Comptroller of Public Accounts. If you wish to receive mail at a different address for other taxes, attach a letter with other addresses.

Item 4 - Enter the 9-digit Federal Employer's Identification (FEI) number assigned to your business by the Internal Revenue Service.

Item 7 - If you have a Texas Taxpayer Number for reporting another type of tax, enter that number. (*Use only the first eleven digits of this number.*)

Item 8 - OTHER ORGANIZATION: Explain the type of organization. Examples: Social Club, Independent School District, Family Trust.
TEXAS CORPORATION: Enter the file number assigned by the Secretary of State and the file date.

FOREIGN CORPORATION (chartered outside of Texas): Enter the state in which the business is incorporated, the file number AND the Texas Certificate of Authority Number and date.

LIMITED PARTNERSHIP: Enter the state in which the partnership is registered and the identification number.

Item 12 - PARTNERSHIP: Enter information for all partners. If a partner is a corporation, enter the Federal Employer's Identification (FEI) Number of the corporation.

CORPORATION or OTHER ORGANIZATION: Enter the information for the principal officers (president, vice-president, secretary).

Item 18 - Enter the actual location of your business, street address or meaningful directions. Example: "3 miles south of FM 1960 on Jones Road." DO NOT use PO Box or Rural Route Number. If more than one location, attach a separate sheet.

Item 24 - DO NOT complete this application if you have a written lease agreement in your files that clearly states the lessor is responsible for filing your Texas IFTA reports.

If the lease agreement does not clearly state who is responsible for filing Texas IFTA reports, the reporting responsibility defaults to the owner of the vehicle (lessor).

Item 29 - Check the appropriate block(s). You must identify each fuel type used.

Item 30 - Check each jurisdiction in which you operate a qualified motor vehicle.

DEFINITIONS:

"Qualified Motor Vehicle" means a vehicle registered in Texas –

- with 2 axles and registered gross vehicle weight (GVW) exceeding 26,000 pounds; or
- having 3 or more axles; or
- used in combination when the registered gross vehicle weight exceeds 26,000 pounds.

"Qualified Motor Vehicle" does not include recreational vehicles.

"Recreational Vehicle" means vehicles such as motor homes, pickup trucks with attached campers, and buses when used exclusively for personal pleasure by individuals. The vehicle may not be used in connection with any business endeavor.

"Registration" means the qualification of motor vehicles normally associated with a prepayment of license plate and registration card or temporary registration containing owner and vehicle data.

"Base Jurisdiction" means: the state where qualified motor vehicles are based for vehicle registration purposes and where the operational control and records of the qualified motor vehicles are maintained or can be made available.

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• Please read instructions

• TYPE OR PRINT

• Do not write in shaded areas

TAXPAYER IDENTIFICATION	<p>1. Legal name of owner (Sole owner, partnership, corporation or other name)</p> <p>• _____</p> <p>2. Mailing address (Street and number, P.O. box or rural route and box number)</p> <p>• _____</p> <p>City _____ State _____ ZIP code _____ County _____</p> <p>3. Enter the name and daytime phone number of the person primarily responsible for filing tax returns</p> <p>• _____ • _____ / _____ - _____</p> <p>4. Enter your Federal Employer's Identification (FEI) number, if any, assigned to the owner entered in Item 1 ■ 1 _____</p> <p>5. Enter your Social Security Number (SSN) if you are a sole owner</p> <p>6. <input type="checkbox"/> Check here if you do not have either FEI or SSN 3 _____</p> <p>7. Enter your taxpayer number for reporting any Texas tax OR your Texas Vendor Identification Number if you now have or have ever had one</p> <p>_____</p>
OWNERSHIP	<p>8. Indicate how your business is owned. <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Texas corporation <input type="checkbox"/> Trust <small>(Submit a copy of trust agreement with application.)</small></p> <p><input type="checkbox"/> Foreign corporation <input type="checkbox"/> Limited partnership <input type="checkbox"/> Other (explain) _____</p> <p>9. If your business is a Texas corporation, enter the charter number and date Charter number _____ Charter date _____</p> <p>10. If your business is a foreign corporation, enter home state, charter number, Texas Certificate of Authority number and date.</p> <p>Home state _____ Charter number _____ Texas Cert. of Auth. No. _____ Texas Cert. of Auth. date _____</p> <p>11. If your business is a limited partnership, enter the home state, the partnership date and identification number</p> <p>Home state _____ Partnership Date _____ Identification number _____</p>
PROPRIETORS	<p>12. List all general partners or principal officers of your business. (Attach additional sheets, if necessary.) If you are a sole owner, skip Item 12.</p> <p>Name (First, middle initial, last) _____ Social Security or Federal Employer's Identification (FEI) no. _____ Title _____</p> <p>Home address (Street and number, city, state, ZIP code) _____ Phone (Area code and number) _____</p> <p>Name (First, middle initial, last) _____ Social Security or Federal Employer's Identification (FEI) no. _____ Title _____</p> <p>Home address (Street and number, city, state, ZIP code) _____ Phone (Area code and number) _____</p> <p>Name (First, middle initial, last) _____ Social Security or Federal Employer's Identification (FEI) no. _____ Title _____</p> <p>Home address (Street and number, city, state, ZIP code) _____ Phone (Area code and number) _____</p>
SUCCESSOR INFORMATION	<p>If you purchased an existing business or business assets, complete Items 13-16. If you did not, skip to Item 17.</p> <p>13. Enter the former owner's trade name. If known, enter the former owner's Texas taxpayer number.</p> <p>Trade name _____ Taxpayer number of former owner _____</p> <p>14. Enter the former owner's legal name. If known, enter the former owner's address and telephone number.</p> <p>Legal name of former owner _____ Phone (Area code and number) _____</p> <p>Address of former owner (Street and number, city, state, ZIP code) _____</p> <p>15. Check each of the following items you purchased.</p> <p><input type="checkbox"/> Inventory <input type="checkbox"/> Corporate stock <input type="checkbox"/> Equipment <input type="checkbox"/> Real estate <input type="checkbox"/> Other assets</p> <p>16. Enter the purchase price of the business or assets purchased and the date of purchase.</p> <p>Purchase price _____ Date of purchase _____</p> <p>\$ _____</p>
BUSINESS LOC.	<p>17. Trade name (actual name under which your business operates) _____ Business number (Area code and number) _____</p> <p>• _____</p> <p>18. Location of your business (Use street and number or directions - NOT PO Box or Rural Route)</p> <p>_____</p> <p>City _____ State _____ ZIP code _____ County _____</p> <p>_____</p>

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19. Legal name of owner (Same as Item 1) _____

20. List International Registration Plan (IRP) number [This number can be obtained from your cab card (Example: XXXXXP1) or from the Texas Department of Transportation] _____

21. If you do not have a Texas IRP number, list your Texas license plate number _____

22. If you do not have a Texas IRP number or a Texas license plate number, is your qualified motor vehicle leased? YES NO
 If "YES," does your lease agreement specify that you are the responsible party for filing reports and paying the fuel tax? • YES NO

23. List your U.S. DOT number _____

24. Are you in a lease agreement and operating under another carrier's U.S. DOT number? (See specific instructions for information about lease agreements.) YES NO
 If "YES", please list carrier's name and U.S. DOT Number NAME _____ DOT NUMBER _____

25. Requested effective date for IFTA license _____ (MONTH, DAY, YEAR)

26. IFTA decals will be issued for each of your qualified motor vehicles. Enter the number of motor vehicles requiring decals _____

27. Have you ever been issued an IFTA license from a jurisdiction other than Texas? YES NO
 If "YES," please list those jurisdictions and the year licensed _____

28. Has your IFTA license ever been suspended or revoked by a jurisdiction other than Texas? YES NO
 If "YES," please list those jurisdictions _____

29. Types of fuels used by your qualified motor vehicles (Check all that apply): 01 - Diesel 02 - Gasoline 03 - Ethanol 04 - Propane
 • 05 - CNG 06 - A-55 07 - E-85 08 - M-85 09 - Gasohol 10 - LNG 11 - Methanol

30. Indicate with a check (✓) the jurisdictions in which you are operating, and in which you maintain bulk fuel storage (OP-Operate; BF-Bulk Fuel Storage)

OP	BF	AL	Alabama	OP	BF	KY	Kentucky	OP	BF	NC	North Carolina	OP	BF	WI	Wisconsin
<input type="checkbox"/>	<input type="checkbox"/>	AK	Alaska	<input type="checkbox"/>	<input type="checkbox"/>	LA	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	ND	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	WY	Wyoming
<input type="checkbox"/>	<input type="checkbox"/>	AZ	Arizona	<input type="checkbox"/>	<input type="checkbox"/>	ME	Maine	<input type="checkbox"/>	<input type="checkbox"/>	OH	Ohio	CANADIAN PROVINCES			
<input type="checkbox"/>	<input type="checkbox"/>	AR	Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	MD	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	OK	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	AB	Alberta
<input type="checkbox"/>	<input type="checkbox"/>	CA	California	<input type="checkbox"/>	<input type="checkbox"/>	MA	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	OR	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	BC	British Columbia
<input type="checkbox"/>	<input type="checkbox"/>	CO	Colorado	<input type="checkbox"/>	<input type="checkbox"/>	MI	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	PA	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	MB	Manitoba
<input type="checkbox"/>	<input type="checkbox"/>	CT	Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	MN	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	RI	Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>	NB	New Brunswick
<input type="checkbox"/>	<input type="checkbox"/>	DE	Delaware	<input type="checkbox"/>	<input type="checkbox"/>	MS	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	SC	South Carolina	<input type="checkbox"/>	<input type="checkbox"/>	NF	Newfoundland
<input type="checkbox"/>	<input type="checkbox"/>	DC	Dist. of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	MO	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	SD	South Dakota	<input type="checkbox"/>	<input type="checkbox"/>	NT	Northwest Territories
<input type="checkbox"/>	<input type="checkbox"/>	FL	Florida	<input type="checkbox"/>	<input type="checkbox"/>	MT	Montana	<input type="checkbox"/>	<input type="checkbox"/>	TN	Tennessee	<input type="checkbox"/>	<input type="checkbox"/>	NS	Nova Scotia
<input type="checkbox"/>	<input type="checkbox"/>	GA	Georgia	<input type="checkbox"/>	<input type="checkbox"/>	NE	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	TX	Texas	<input type="checkbox"/>	<input type="checkbox"/>	ON	Ontario
<input type="checkbox"/>	<input type="checkbox"/>	ID	Idaho	<input type="checkbox"/>	<input type="checkbox"/>	NV	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	UT	Utah	<input type="checkbox"/>	<input type="checkbox"/>	PE	Prince Edward Island
<input type="checkbox"/>	<input type="checkbox"/>	IL	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	NH	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	VT	Vermont	<input type="checkbox"/>	<input type="checkbox"/>	PQ	Quebec
<input type="checkbox"/>	<input type="checkbox"/>	IN	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	NJ	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	VA	Virginia	<input type="checkbox"/>	<input type="checkbox"/>	SK	Saskatchewan
<input type="checkbox"/>	<input type="checkbox"/>	IA	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	NM	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	WA	Washington	<input type="checkbox"/>	<input type="checkbox"/>	YT	Yukon
<input type="checkbox"/>	<input type="checkbox"/>	KS	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	NY	New York	<input type="checkbox"/>	<input type="checkbox"/>	WV	West Virginia	<input type="checkbox"/>	<input type="checkbox"/>		

31. Legal name of authorized agent/representative _____

32. Mailing address _____
 City _____ State _____ ZIP code _____ Business number (Area code & number) _____

33. The sole owner, all general partners, corporation president, vice-president, secretary or treasurer or an authorized agent must sign this application. Representatives must submit a written power of attorney with application. (Attach additional sheets if necessary.) _____ Date of application (Month, day, year) _____

Bonds are not generally required of first-time applicants. However, a bond may be required if an IFTA licensee has a history of not filing tax returns on time, not remitting tax due, or other problems severe enough to indicate that a bond is required to protect the interests of all member jurisdictions.

The applicant agrees to comply with reporting, payment, record keeping and license and decal display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that Texas may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member jurisdictions.

I (We) certify that the information in this document and any attachment is true, accurate, and complete to the best of my (our) knowledge. I (We) acknowledge that any falsification of document information subjects me (us) to civil and/or criminal sanctions of the State of Texas.

Type or print name and title of sole owner, partner, officer, or authorized agent _____ Sole owner, partner, officer, or authorized agent
 _____ sign here ▶ _____
 Type or print name and title of partner or officer _____ Partner or officer
 _____ sign here ▶ _____
 Type or print name and title of partner or officer _____ Partner or officer
 _____ sign here ▶ _____

LICENSE INFORMATION

REP.

SIGNATURES