



Ohio Department of TAXATION

P.O. Box 530 • Columbus, OH 43216-0530
(614) 466-3921 • Fax (614) 728-8085

Office Use Only



Application for International Fuel Tax Agreement (IFTA) License

- Federal ID number (FEIN) _____ (required if available)
Social Security number (SSN) _____ (required for all sole owners or partnerships)
- Reason for application: Additional decal(s) Replacement decal New account Renewal
- Type of ownership: Sole owner Partnership Corporation LLC LP LLP
- Legal name _____
Last First Middle
- Trade name (doing business as) _____
- Physical address _____ **OH**
Street City State ZIP code
- Mailing address _____
Street City State ZIP code
- Contact name _____ 9. Ohio county _____
Last First
- If corporation, LLC, LLP, LP or partnership, list names, addresses and Social Security numbers of officers or partners.

Name	Street	City	State	ZIP code	Social Security number
Name	Street	City	State	ZIP code	Social Security number

- Business number (_____) _____ Fax number (_____) _____ Cell number (_____) _____
- US DOT no. _____ 13. IRP (apportioned tag) account no. _____ IRP base state _____
- Will you be traveling outside the state of Ohio? Yes No
- Have you ever had an IFTA license from a state other than Ohio? Yes No If yes, what state? _____
- List all states in which you maintain bulk fuel storage _____
- Number of qualified vehicles that will be traveling outside Ohio (# of sets of decals needed) _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge, it is correct and complete. I further agree to comply with reporting, payment, record-keeping and license display requirements as specified in the International Fuel Tax Agreement. I authorize the state of Ohio to withhold any refund or tax overpayment if delinquent taxes are due any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions.

- Signature _____ Date _____

Fax completed application to: (614) 728-8085

- Do you wish to have a temporary authority faxed to you? Yes No
If this is a temporary decal permit, it is issued under the terms of the International Fuel Tax Agreement and is valid for the vehicle described below in all IFTA jurisdictions. A copy of this temporary decal permit must be carried in the vehicle. This temporary decal permit is not valid unless accompanied by a copy of the motor carrier's IFTA license.

- Do not enter vehicle identification number until stamped in bottom corner.

For Temporary Authority Use Only

Vehicle Identification Number	Base Jurisdiction
	Ohio

Effective date _____ Valid through _____

Temporary Permit NOT Valid
Unless Stamped





Application for International Fuel Tax Agreement (IFTA) License Instructions

Special Instructions: Please print or type when completing form.

1. List federal employer identification number (FEIN). Only list Social Security number (SSN) if sole owner or partnership.
2. Please check appropriate box to indicate reason for application.
3. Please check appropriate box to indicate type of ownership.
4. Print the legal name of the business (partnership, limited liability company or corporate name). If the business is a sole proprietorship, indicate complete name (last, first and middle name).
5. Print the trade name or registered business name (DBA) **only if different** than the legal business name.
6. Print the physical location of the business (P.O. boxes are not acceptable).
7. Print the mailing address of the business **only if different** from line 5.
8. List the first and last name of a contact person should there be any questions concerning your application and/or account.
9. Print the Ohio county in which your business is located.
10. If corporation, LLC, LLP, LP or partnership, please list the name, address and Social Security number for each officer or partner. Use a separate sheet if more space is needed. The requirement for each officer or partner's social security number is per Ohio Revised Code (ORC) 5728.02.
11. Business telephone number, fax number and secondary telephone number of contact person (i.e., cell phone).
12. If you are registered with the Federal Motor Carrier Safety Administration (FMCSA), enter the USDOT number that has been assigned to you.
13. IRP (International Registration Plan) account number and base state. List IRP number and base state here.
14. and 15. Check "Yes" or "No" and indicate the state or account number where appropriate.
16. List each state in which you maintain bulk fuel storage.
17. Enter requested number of sets of decals. Order only as many sets as needed. You are required to account for every decal issued to you for the current year and the previous three years. Decals will be mailed to the address shown on line 6 (or line 7, if completed) within five working days of receipt of this application. Please mail the form to the above address or fax to (614) 728-8085.
18. Signature – Every licensee shall file quarterly tax returns and maintain records to support information on the tax returns. The tax returns are due on the last day of the month following the calendar quarter. The records must be maintained for a period of four years from the due date of the return. The records must be available to the Ohio Department of Taxation upon request.
19. **OPTIONAL – Should be completed only if you are requesting a temporary authority.** If you need immediate authority to run, check "Yes" to have temporary authority faxed to you at the fax number shown on line 11.
20. **Do not complete this section until stamped in bottom corner of page 1 (Temporary Authority Use Only).** Upon receipt of validated (stamped) temporary authority, enter the vehicle identification number in the space provided on line 20. **Note:** You may reproduce a validated temporary authority for up to the number of sets of decals requested on line 17. A temporary authority is valid for 30 days from the date of issue.

Federal Privacy Act

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that your providing us your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We

need your Social Security number in order to administer this tax. Your failure to supply any information requested on a tax form prescribed by the tax commissioner may result in (i) the imposition of penalties for failing to file a complete tax return or (ii) the denial of a license, if applicable.