Proof of Residency

In order to register with IFTA you must provide 3 proofs in the envelope and postmarked. All documents must be in the same name as your Tax Identification Number.

Documents must be from 3 different sources containing physical address not postmarked more than 60 days.


Solicitations/junk mail will not be accepted as proof of residency.

Delaware Drivers License Number ____________________________ (must be obtained within 60 days of residency)

Active Federal DOT number marked for INTERstate

SS-4 letter from the Internal Revenue Service to verify tax identification number and business name

Delaware corporation in Good Standing

Current Delaware Business License or Business License Filing Number ____________________________

Temporary Business license is Only Valid for 60 days - Date on Temporary License __________________

Put copy of Temp Bus Lic in file

*Farms need business license if for hire wholesale/resale

Lease agreement indicating that the IFTA decals are the responsibility of the applicant and signed by all parties

Photo copy of cab card that matches lease agreement

Unified Carrier Registration paid for current year

IFTA application

Recordkeeping requirement

Motor carrier application

Motor carrier contact and officer application
Motor Carrier Account Application

For Office Use Only

Motor Carrier Account Number: ________________

Legal Name

DBA

Tax Identification Number  USDOT Number  Registrant Only (Circle if YES)

____________________  _____________  YES

Business Type:

☐ Corporation  ☐ LLC  ☐ LLP  ☐ Owner Operator

☐ Government  ☐ Non-Profit Corporation  ☐ Partnership  ☐ Religious

Business Phone & Fax
(company phone not individual)

Phone _________________________________  FAX _________________________________

Physical Business Address (No Post Office Box)

Street _______________________________________________________________________

City ________________________________  State DE  Zip ______________  County __________

Mailing Address

P O Box ___________  Street ________________________________

City ________________________________  State _____  Zip ______________
### Account Officer Contact Information

<table>
<thead>
<tr>
<th>Officer Type:</th>
<th>President</th>
<th>Vice President</th>
<th>Sole Member</th>
<th>Member</th>
<th>Owner Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>(circle)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name ____________________________ |
| Business Address ____________________________________ |
| City __________________________ State __________ Zip__ |
| Email __________________________@ ____________________ |
| Office Phone ____________________ FAX __________________ |
| Mobile Phone __________________ Drivers License State ____ Number ______________ |

### Second Account Officer Contact Information

<table>
<thead>
<tr>
<th>Officer Type:</th>
<th>President</th>
<th>Vice President</th>
<th>Sole Member</th>
<th>Member</th>
<th>Owner Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>(circle)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name ____________________________ |
| Business Address ____________________________________ |
| City __________________________ State __________ Zip__ |
| Email __________________________@ ____________________ |
| Office Phone ____________________ FAX __________________ |
| Mobile Phone __________________ Drivers License State ____ Number ______________ |

### Third Account Officer Contact Information

<table>
<thead>
<tr>
<th>Officer Type:</th>
<th>President</th>
<th>Vice President</th>
<th>Sole Member</th>
<th>Member</th>
<th>Owner Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>(circle)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name ____________________________ |
| Business Address ____________________________________ |
| City __________________________ State __________ Zip__ |
| Email __________________________@ ____________________ |
| Office Phone ____________________ FAX __________________ |
| Mobile Phone __________________ Drivers License State ____ Number ______________ |

Office Use: Date Updated ______________ Clerk __________ Cross through unused sections
Authorized Personnel for Motor Carrier Services

Motor Carrier Account Name __________________________________________Motor Carrier Account Number __________

The personnel noted below are employees, officers, or directors of the above company and FLEET and are authorized to act on behalf of the company for purposes of accessing and updating account information, transfer and/or renewal of vehicles, filing of tax returns, and to provide representation as part of any audit related activities for the following for the following tax or registration fee matters: International Registration Plan (IRP), International Fuel Tax Agreement (IFTA); Unified Carrier Registration (UCR) and Heavy Vehicle Use Tax (Form 2290); Titles and Registrations.

I certify that I am acting in the capacity of sole proprietor, corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have authority to execute this account access on behalf of the taxpayer.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

Before me personally appeared ___________________________ (Taxpayer Name) who by me duly sworn under oath says that the statements set forth above are true and correct. SUBSCRIBED TO AND SWORN before me this __________ day of ________________________, 20__________.

_________________________________________ State of Delaware, _________________ County

Notary Public

**Additional pages may be used but will require notary. See our FAQ’s for how to remove an employee.**

Office Use: Updated___________________Clerk______________cross off unused sections
Delaware International Fuel Tax Agreement
License Application

Registration Period 01/01/20 through 12/31/20

Circle type of application - New Account Supplemental

Legal Name

Motor Carrier Account Number                   Tax Identification Number                   US DOT Number

Leasing Company US DOT Number __________________________

If you do not have Delaware apportioned plates and you lease your vehicles; you are required to indicate your leasing company’s Federal DOT number and submit a clear copy of your lease with your new, renewal or supplemental application.

Type of Fuel Used (circle all that apply)
Diesel   Gasoline   Biodiesel   Liquid Propane (LPG)   Compressed Natural Gas (CNG)   Ethanol   Gasohol
Liquid Natural Gas (LNG)   Methanol E-85(Ethanol 85)   M-85(Methanol 85)   A-55(Naptha/Crude/Water)

Have you been issued an IFTA license by another IFTA jurisdiction? □Yes □No
Has your IFTA license ever been suspended or revoked? □Yes □No
Do you maintain bulk fuel storage in any jurisdiction including Delaware?   Yes   No
If yes list jurisdictions & Tank Capacity
Are you consolidating fleets from other jurisdictions in this account? □Yes □No

Decal Order

Two IFTA Decals (1 set) are needed for each vehicle                   Number of Decal Sets Ordered __________

Number of decal sets @ $5.00 per set …………….                    Amount Due __________________________

Make checks payable to: DMV

The applicant agrees to comply with tax reporting, payment, record keeping requirements, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that the State of Delaware may withhold any refunds due if the IFTA applicant is delinquent on payment of fuel taxes due to any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of any IFTA license in all member jurisdictions. I hereby affirm that I am authorized to sign this application and that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of authorized personnel __________________________   Date ______________
Carrier Responsibilities Regarding Recordkeeping Requirements

Motor Carrier Account __________________________

Every carrier shall maintain and preserve detailed mileage and fuel records (by vehicle summarized monthly and/or quarterly) upon which the quarterly fuel tax reports are based. The carrier shall preserve such records for a period of four years from the due date of the report or the date filed, whichever is later. For example, the Second Quarter 1997 tax return is due July 31, 1997. If filed timely, records for this quarter must be preserved and maintained through July 31, 2001; if filed on October 15, 1997, the records must be preserved and maintained through October 15, 2001. Such records shall be made available upon request by any member jurisdiction. In the event the carrier fails to maintain and preserve such records, assessments and penalties shall be imposed. In addition, continued failure to comply will result in suspension or revocation of your operating credentials.

Acceptable Source Documents

An acceptable (required) source document used to verify vehicle mileage and fuel is through the use of an “Individual Vehicle Mileage Record” (trip report). A standardized trip report is suggested and encouraged (a sample trip report can be provided upon request). A trip report must include the following minimum information:

1. Vehicle identification number
2. Driver name
3. Date of the trip
4. Trip origin and destination information
5. Trip beginning and ending odometer/hubometer readings
6. Routes of travel
7. Jurisdictional state miles & total trip miles traveled

In addition to maintaining trip reports, the carrier is required to:

- Maintain complete records of all fuel purchased, received, and used in the conduct of business. Separate totals must be compiled for each fuel type used. Fuel records shall contain, but not be limited to: Date of fuel purchase; seller’s name and address (machine or credit card imprinted, and address must show state in which sale is made); number of gallons purchased; type of fuel; and unit number or tag number.
- Maintain retail purchase documentation (receipt or invoice, credit card receipt, automated vendor generated invoice or transaction listing, or microfilm). Acceptable documentation must include, but shall not be limited to, the following: Date of fuel purchase; seller’s name and address (machine or credit card imprinted, and address must show state in which sale is made); purchaser’s name; number of gallons purchased; type of fuel; and unit number or tag number.
- Maintain tax-paid bulk fuel documentation. Copies of all bulk delivery tickets and/or receipts must be retained. Distribution records from bulk storage facilities must be maintained distinguishing qualified vehicle fuelings from other uses. Evidence of inventory reconciliation must be maintained to verify completeness of receipt and distribution records. To obtain credit for withdrawals from carrier-owned, tax-paid bulk storage, the following minimum records must be maintained: Date of withdrawal; number of gallons; type of fuel; unit number or tag number; and purchase records to substantiate that tax was paid on all bulk purchases.
- Accumulate monthly and/or quarterly mileage and fuel summaries on a per vehicle basis with a breakdown of jurisdictional miles traveled, and a breakdown of vehicle fuelings.
- Maintain all mileage and fuel records and summary information on an IFTA fleet basis.
- Determine jurisdictional state miles through the use of odometer/hubometer readings at state lines, maps, mileage generation systems, or on board recording devices. State mileage cannot be estimated.
- Ensure that all mileage and fuel records are legible and complete so that the continuous movement and fuel consumption of each vehicle can be audited.
- Ensure that trip reports include all miles traveled by the vehicle including loaded, empty, deadhead, &/or bobtail miles.

I have read and understand my responsibilities regarding record requirements in accordance with IFTA.

IFTA Account Name __________________________ Date ____________

Print Name and Title of Authorized Account Representative __________________________ Signature __________________________