

International Fuel Tax Agreement Applicant Requirements For New Carriers

IFTA ONLY

302.744.2702 dot.motorcarrier@state.de.us



Proof of Residency

In order to register with IFTA you must provide 3 proofs in the envelope and postmark

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

Acceptable documents are as follows: Utility Bill, Auto Policy, W-2, Credit Card Statement

State Income Tax Return, Federal Tax Return, State Tax Bill, Mortgage Statement, Bank Statement

Federal DOT veification notice, Property Rental Agreement

Solications/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 **INTER**state

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 _____

Tempory 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 responsibilty 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
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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



Account Name _____ Account Number _____

Officer Type: President Vice President Sole Member Member Owner Operator
(circle) Secretary Treasurer Partner Other _____

Name _____

Business Address _____

City _____ State _____ Zip _____

Email _____ @ _____

Office Phone _____ FAX _____

Mobile Phone _____ Drivers License State _____ Number _____

Officer Type: President Vice President Sole Member Member Owner Operator
(circle) Secretary Treasurer Partner Other _____

Name _____

Business Address _____

City _____ State _____ Zip _____

Email _____ @ _____

Office Phone _____ FAX _____

Mobile Phone _____ Drivers License State _____ Number _____

Officer Type: President Vice President Sole Member Member Owner Operator
(circle) Secretary Treasurer Partner Other _____

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.

Signature _____	Title _____	Date _____
Print Name _____		Telephone Number _____

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

IRP Contact Type: Audit Primary Other _____ Job Title _____

IFTA Contact Type: Audit Primary Other _____ Job Title _____

Name _____

Business Address _____

City _____ State _____ Zip _____

Email _____ @ _____

Main Phone _____ FAX _____ Mobile _____

IRP Contact Type: Audit Primary Other _____ Job Title _____

IFTA Contact Type: Audit Primary Other _____ Job Title _____

Name _____

Business Address _____

City _____ State _____ Zip _____

Email _____ @ _____

Main Phone _____ FAX _____ Mobile _____

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



Delaware International Fuel Tax Agreement License Application

Registration Period 01/01/2020 through 12/31/2020

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