



Account Officer Contacts



All account officers will have authorization on the account

Account Name _____ Account Number _____ TIN _____

I certify that I am legally a member, officer or director of the above company I am 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 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 will be held accountable for any and all transactions and debt associated with this account. I understand that if at any time I am no longer a member, officer or director it is my responsibility to contact the Motor Carrier Services department.

I certify that I am legally a sole proprietor, corporate officer, partner, member or manager of a limited liability company, or fiduciary on behalf of the above mentioned company, and that I have authority to execute this account access on behalf of the company.

Officer Type: President Vice President Sole Member Member Owner Operator Partner (circle one)
At least one officer must have a Delaware Drivers License; List that officer first

Name _____ Delaware Driver's License Number _____
Business Address _____ City _____ State _____ Zip _____
Email _____ @ _____
Office Phone _____ FAX _____ Mobile Phone _____

Signature _____ Before me personally
appeared _____ 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 _____ County _____
Notary Signature & Seal _____

Officer Type: President Vice President Sole Member Member Owner Operator Partner (circle one)

Name _____ Driver's License Number _____
Business Address _____ City _____ State _____ Zip _____
Email _____ @ _____
Office Phone _____ FAX _____ Mobile Phone _____

Signature _____ Before me personally
appeared _____ 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 _____ County _____
Notary Signature & Seal _____

Office Use: Document Date _____ Clerk _____ (Cross through unused sections)