

## APPLICATION FOR IFTA ONLY ACCOUNT

1.	Company Name (Legal Business Name)		
2.	Doing Business as (DBA)		
3.	Federal Employer Identification Number (FEIN)	4. Federal USDOT Number	
5.	Business Physical Address		
	Address	City	State Zip
6.	Business Mailing Address		
	Address	City	State Zip
7.	Business E-mail Address:	8. Business Fax Number	9. Business Phone Number
10.	Principal Owner	11. Principal Owner's Driver License Number	
	Name	State	Number
12.	Principal Owner's E-mail Address	13. Principal Owner's Phone Number	
14.	Primary Point of Contact	15. Contact's Fax Number	16. Contact's Phone Number
	Name		
17.	Have you or any of your corporate officers or partners ever held a license under a different name or FEIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list name, FEIN, Account Number, State, and What Year:		
18.	Do you maintain bulk fuel storage tanks <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, location:	Tank Capacity:	
19.	Do sell fuel in Nevada <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please indicate the types of fuels sold:		
20.	Are you consolidating out of state fleets with your Nevada IFTA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please enter the number of non-Nevada Qualified Motor Vehicles:		
21.	Number of IFTA Decals Requested:		

**You must provide written approval from that jurisdiction(s) and copies of all IRP cab cards on qualified vehicles being consolidated in Nevada. The State of Nevada charges \$25 IFTA License Fee.**

**NOTE: Any vehicles with mileage accrued during the reporting period and/or registered in another jurisdiction MUST be registered with actual mileage, unless otherwise approved in writing by the Appointing Authority or designee.**

Under penalties of perjury, the applicant declares that the information given is to the best of the applicant's knowledge true, accurate and complete. The applicant agrees to comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement, the International Registration Plan, and the Nevada Revised Statutes as applicable. The applicant further agrees that the Motor Carrier Division may withhold any refunds due if the applicant is delinquent on payment of any fees due the Department or fuel taxes due to any member jurisdictions. Failure to comply with these provisions shall be grounds for revocation of license in Nevada and all member jurisdictions. The applicant agrees to maintain insurance pursuant to NRS 485.185 and 706.291 and will comply with the Motor Carrier Safety Regulations.

PLEASE NOTE: THIS APPLICATION MUST BE SIGNED OR IT WILL BE RETURNED TO YOU

Signature of Principal/Owner and Printed Name of Principal/Owner

Date

## Instructions - Application for IFTA Only Account

1.	Official legal business name or name of corporation (all corporation types, LLC's, LLP's)
2.	"Doing Business As" Name (Requires a fictitious name filing document.)
3.	Federal Employee Identification Number (FEIN)
4.	Federal U.S. Department of Transportation Number (USDOT)
5.	Business Physical Address
6.	Business Mailing Address
7.	Business E-mail Address
8.	Business Fax Number for sending/receiving record requests
9.	Business Telephone Number
10.	Principal Owner's Name
11.	Principal Owner's Driver License Number
12.	Principal Owner's E-mail Address
13.	Principal Owner's Telephone Number
14.	Primary Point of Contact has the authority to make changes to the account.
15.	Primary Point of Contact Fax Number
16.	Primary Point of Contact Telephone Number
17.	If Licensed before provide Business Name, FEIN, Account Number, State and When
18.	If maintain bulk fuel storage provide location and storage capacity.
19.	If fuel is sold in Nevada provide types of fuel you are selling.
20.	Provide details on out of state fleets you are consolidating with your Nevada IFTA account, and number of non-Nevada Qualified Motor Vehicles.
21.	Number of IFTA Decals Requested