

STATE OF MAINE
International Fuel Tax Agreement Application

Motor Carrier Services, Fuel Unit, 29 State House Station, Augusta, ME 04333-0029
Tel: (207) 624-9000 Ext. 52137

Please choose application type: **New Applicant** **Additional Decal(s)**

**** **NEW APPLICANTS MUST COMPLETE THE 2nd PAGE OF THE APPLICATION ALSO** ****

US DOT#:	MC#:	IRP#:
FED ID# or SSN#:	TEL#:	FAX#:

Legal Name: _____ **DBA:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

PHYSICAL LOCATION (No PO Boxes): _____

CONTACT PERSON: _____ **TEL # ()** _____

E-MAIL (if any): _____

**** Tax Agent Name (if other than yourself) & Address:** _____

**** A Notarized Power of Attorney is required if you are signing on behalf of a taxpayer.**

Names, Addresses, SSN #'s, and Dates of Birth of Owners, Partners or Officers (REQUIRED for **NEW applicants)**

Indicate the number of decal sets (1 set per vehicle) you require: _____ X \$5.00 (per set) = \$ _____

Make checks payable to: **SECRETARY OF STATE**

By placing your signature on the line below, you agree to the following:

I agree to comply with the reporting, payment, record keeping and license display requirements of the **INTERNATIONAL FUEL TAX AGREEMENT**. I further agree that Maine may withhold any refund owed to me should I be delinquent on outstanding liabilities due any jurisdiction. I declare under penalty of false statement, that to the best of my knowledge and belief, the information contained herein is true and correct.

SIGNATURE (REQUIRED) **DATE OF BIRTH** **TITLE** **DATE**

Disclosure

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Providing your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is mandatory and is required by State and Federal law or rule to receive Motor Carrier credentials. Your SSN or FEIN will be used solely for identification purposes and will be kept confidential.

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Indicate with an (X) the jurisdictions in which you expect to operate
(These jurisdictions will be preprinted on your tax return)

- ALABAMA, ALBERTA, ARIZONA, ARKANSAS, BRITISH COLUMBIA, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, FLORIDA, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, KENTUCKY, LOUISIANA, MAINE (checked), MANITOBA, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW BRUNSWICK, NEW FOUNDLAND, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, NOVA SCOTIA, OHIO, OKLAHOMA, ONTARIO, OREGON, PENNSYLVANIA, P E ISLAND, QUEBEC, RHODE ISLAND, SASKATCHEWAN, SOUTH CAROLINA, SOUTH DAKOTA, TENNESSEE, TEXAS, UTAH, VERMONT, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN, WYOMING

Check type of fuel consumed: Diesel Gasoline Gasohol CNG Propane Other

Type of business: Sole Owner Partnership Corp S Corp LLC Gov't

State of Incorporation: Date of Incorporation:

If not incorporated, give date authorized to do business in Maine:

Do you lease vehicles? Yes No If Yes, From others To others

Please list all states in which you maintain bulk storage.

Have you ever been issued an IFTA license by another jurisdiction? Yes No

If yes, list jurisdiction(s):

Has your IFTA license ever been suspended or revoked? Yes No

If yes, list jurisdiction(s) in which you were suspended

FOR OFFICE USE ONLY: Decal(s) Issued from to Initials CC Auth # Check # Cash MO# BMV: ACC: DOT: RPC: