STATE OF MAINE

International Fuel Tax Agreement (IFTA) Application

Motor Carrier Services, Fuel Unit, 29 State House Station, Augusta, ME 04333-0029
Tel: (207) 624-9000, Ext. 52137, Fax: (207) 624-9062, TTY Users call Maine relay 711
http://www.maine.gov/sos/bmv/commercial/fuel.html Email: ifta.bmv@maine.gov

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

US DOT#:	FED ID# or SS##:	Carrier/IRP#:

Legal Name: _____ **DBA:** _____
(If not incorporated, your name)

Mailing Address: _____

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

Business Type (Please check one option): Sole Owner ☐ Partnership ☐ Corp ☐ S Corp ☐ LLC ☐ Gov't ☐

Physical Location (**No** PO Boxes): _____

Business Phone#:_____ Fax #: (_____)_____

Primary Contact Name: _____ Primary Contact Phone (_____)_____

E-MAIL (if any): _____ Tax forms by Email (**Go Paperless**) Yes or No

Tax Agent Name (if other than yourself): _____

Tax Agent Address: _____

****A Notarized Power of Attorney is <u>required</u> if you are signing on behalf of a taxpayer****

Owner/Officer Information: Include Title, Name, & Address

_____

_____

_____

Check fuel types consumed: Diesel ☐ Gasoline ☐ Gasohol ☐ CNG ☐ Propane ☐ Other ☐ _____

Do you purchase and store bulk fuel? Yes ☐ No ☐ if yes, list the state(s) where the storage tank(s) is/are located:_____

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

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

<u>Make checks payable to</u>: **<u>SECRETARY OF STATE</u>**

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, accurate and complete.

*

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.