



# Texas Application for International Fuel Tax Agreement License

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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

## GENERAL INFORMATION

**Who Must Submit This Application** - Any Texas based entity operating qualified motor vehicle(s) in two or more International Fuel Tax Agreement (IFTA) jurisdictions may obtain a Texas IFTA license in lieu of obtaining trip permits to satisfy their motor fuels tax obligations to other jurisdictions. To be issued a Texas IFTA license, Texas must be your base jurisdiction.

**For Assistance** - If you have any questions about this application, filing tax returns or any other tax-related matter, contact the Texas State Comptroller's office at 1-800-252-1383.

### You can submit your completed application by mail, fax, or email:

Mail: Texas Comptroller of Public Accounts  
111 E. 17th St.  
Austin, TX 78774-0100

FAX: (512) 936-0013  
Email: IFTA@cpa.texas.gov

We process applications in the order they are received. If you have questions or need more information, contact us at 800-252-1383.

**Federal Privacy Act** - Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

**You have certain rights** under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.

## SPECIFIC INSTRUCTIONS

**Item 1 - Sole owner:** Enter the first name, middle initial and last name.

**Partnership:** Enter the legal name of the partnership.

**Corporation, limited liability company, association:** Enter the legal name exactly as it is registered with the Secretary of State.

**Other legal entity:** Enter the title of the organization.

**Item 2** - Enter complete mailing address where you wish to receive mail from the Comptroller of Public Accounts. If you wish to receive mail at a different address for other taxes, attach a letter with the other addresses.

**Item 4** - Enter the nine-digit FEIN assigned to your entity by the Internal Revenue Service.

**Item 7** - If you have an eleven-digit Texas taxpayer number for reporting another type of tax, enter that number. (You can also enter in your Texas vendor identification number.)

**Item 8 - Ownership:** Check the appropriate box by the type of organization.

**Item 9 - Texas Entity:** Enter the file number assigned by the Secretary of State and the file date.

**Item 10 - Foreign Entity (chartered outside of Texas):** Enter the state or country of formation, the charter/file number and the Texas Secretary of State file number and date.

**Item 11 - Limited Partnership:** Enter the state in which the partnership is registered and the identification number.

**Item 12 - Partnership:** Enter information for all partners.

**Corporation or Other Organization:** Enter the information for the principal officers (president, vice-president, secretary). *If the applicant does not have a Social Security number, enter the Individual Taxpayer Identification Number (ITIN) or other number assigned by the federal government for use when filing federal income tax returns.*

**Item 19** - Enter the actual physical address of your business. Do not use a P.O. Box or rural route number. If more than one location, attach a separate sheet.

**Item 23** - Do not complete this application if you have a written lease agreement in your files that clearly states the lessor is responsible for filing your Texas IFTA reports.

If the lease agreement does not clearly state who is responsible for filing Texas IFTA reports, the reporting responsibility defaults to the owner of the vehicle (lessor).

**Item 26** - Effective date of the IFTA license cannot be prior to the date the IFTA application is received.

**Item 30** - Check the appropriate block(s). You must identify each fuel type used.

**Item 31** - Check each jurisdiction in which you operate a qualified motor vehicle.

### **DEFINITIONS:**

**Qualified Motor Vehicle** means a vehicle registered in Texas –

- with two axles and registered gross vehicle weight (GVW) exceeding 26,000 pounds; or
- having three or more axles; or
- used in combination when the registered GVW exceeds 26,000 pounds.

**Qualified Motor Vehicle** does not include recreational vehicles.

**Recreational Vehicle** means vehicles such as motor homes, pickup trucks with attached campers, and buses when used exclusively for personal pleasure by individuals. The vehicle may not be used in connection with any business endeavor.

**Registration** means the qualification of motor vehicles normally associated with a prepayment of license plate and registration card or temporary registration containing owner and vehicle data.

**Base Jurisdiction** means the jurisdiction where qualified motor vehicles are based for vehicle registration purposes and where the operational control and records of the qualified motor vehicles are maintained or can be made available.



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• Please read instructions. • Type or print. • Do not write in shaded areas.

TAXPAYER IDENTIFICATION	1. Legal name of owner (Sole owner, partnership, corporation, limited liability company, association or other legal entity)	<input type="text"/>	
	2. Mailing address (Street and number, P.O. Box or rural route and box number)	<input type="text"/>	
	City	<input type="text"/>	
	State	<input type="text"/>	
	ZIP code	<input type="text"/>	
	County	<input type="text"/>	
	3. Enter the name and daytime phone number of the person primarily responsible for filing tax returns	<input type="text"/> • <input type="text"/> - <input type="text"/> - <input type="text"/>	
Enter the email address of this person	<input type="text"/>		
4. Enter your Federal Employer Identification Number (FEIN), if any, assigned to the owner entered in Item 1	<input type="text"/> <b>1</b> <input type="text"/>		
5. Enter your Social Security number (SSN) if you are a sole owner	<input type="text"/> - <input type="text"/> - <input type="text"/>		
6. <input type="checkbox"/> Check here if you do not have either FEIN or SSN.	<b>3</b> <input type="text"/>		
7. Enter your taxpayer number for reporting any Texas tax OR your Texas vendor identification number if you now have or have ever had one	<input type="text"/>		
OWNERSHIP	8. Indicate how your business is owned. <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Texas entity <input type="checkbox"/> Trust <small>(Submit a copy of trust agreement with application.)</small> <input type="checkbox"/> Foreign corporation <input type="checkbox"/> Limited partnership <input type="checkbox"/> Other (explain) <input type="text"/>		
	9. If your business is a Texas entity, enter the file number and date	File number <input type="text"/> File date <input type="text"/>	
	10. If your business is a foreign entity, enter the state or country of formation, charter/file number, Texas Secretary of State file number and date.	State/country of formation <input type="text"/> Charter/file number <input type="text"/> Texas Secretary of State file number <input type="text"/> File date <input type="text"/>	
	11. If your business is a limited partnership, enter the home state, the partnership date and identification number	Home state <input type="text"/> Partnership date <input type="text"/> Identification number <input type="text"/>	
PROPRIETORS	12. List all general partners or principal officers of your business. (Attach additional sheets, if necessary.) If you are a sole owner, skip Item 12.		
	Name (First, middle initial, last)	SSN or ITIN	Title
	Home address (Street and number, city, state, ZIP code)	Phone (Area code and number)	
	Name (First, middle initial, last)	SSN or ITIN	Title
Home address (Street and number, city, state, ZIP code)	Phone (Area code and number)		
Name (First, middle initial, last)	SSN or ITIN	Title	
Home address (Street and number, city, state, ZIP code)	Phone (Area code and number)		
SUCCESSOR INFORMATION	<b>If you purchased an existing business or business assets, complete Items 13-16. If you did not, skip to Item 17.</b>		
	13. Enter the former owner's trade name. If known, enter the former owner's Texas taxpayer number.	Trade name <input type="text"/> Taxpayer number of former owner <input type="text"/>	
	14. Enter the former owner's legal name. If known, enter the former owner's address and telephone number.	Legal name of former owner <input type="text"/> Phone (Area code and number) <input type="text"/>	
	Address of former owner (Street and number, city, state, ZIP code)	<input type="text"/>	
15. Check each of the following items you purchased.	<input type="checkbox"/> Inventory <input type="checkbox"/> Corporate stock <input type="checkbox"/> Equipment <input type="checkbox"/> Real estate <input type="checkbox"/> Other assets		
16. Enter the purchase price of the business or assets purchased and the date of purchase.	Purchase price \$ <input type="text"/> Date of purchase <input type="text"/>		



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17. Legal name of owner (Same as Item 1) \_\_\_\_\_

18. Trade name (Actual name under which your business operates) \_\_\_\_\_ Business number (Area code and number) \_\_\_\_\_

19. Location of your business (Use street and number - NOT P.O. Box or Rural Route) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ County \_\_\_\_\_

20. Name of bank or other financial institution (Attach additional sheets, if necessary.) \_\_\_\_\_  Business  Personal

21. List Texas Apportioned License Cab Card account number from the Texas Department of Motor Vehicles \_\_\_\_\_

22. If you do not have a Texas Apportioned License Cab Card account number, list your Texas license plate number \_\_\_\_\_

23. If you do not have a Texas Apportioned License Cab Card account number or a Texas license plate number, is your qualified motor vehicle leased? (Submit a copy of lease agreement with the application) \_\_\_\_\_  YES  NO  
If "YES," does your lease agreement specify that you are the responsible party for filing reports and paying the fuel tax? (See specific instructions for information about lease agreements.) \_\_\_\_\_  YES  NO

24. List your U.S. DOT number \_\_\_\_\_

25. Are you in a lease agreement and operating under another carrier's U.S. DOT number? \_\_\_\_\_  YES  NO  
Name \_\_\_\_\_ DOT Number \_\_\_\_\_  
If "YES", please list carrier's name and U.S. DOT Number \_\_\_\_\_

26. Requested effective date for IFTA license (see specific instructions for information regarding effective date for IFTA license) \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

27. IFTA decals will be issued for each of your qualified motor vehicles. Enter the number of motor vehicles requiring decals \_\_\_\_\_

28. Have you ever been issued an IFTA license from a jurisdiction other than Texas? \_\_\_\_\_  YES  NO  
If "YES," please list those jurisdictions and the year licensed \_\_\_\_\_

29. Has your IFTA license ever been suspended or revoked by a jurisdiction other than Texas? \_\_\_\_\_  YES  NO  
If "YES," please list those jurisdictions \_\_\_\_\_

30. Types of fuels used by your qualified motor vehicles (Check all that apply):  01 - Diesel  02 - Gasoline  03 - Ethanol  04 - Propane  
 05 - CNG  06 - A-55  07 - E-85  08 - M-85  09 - Gasohol  10 - LNG  11 - Methanol  
 12 - Biodiesel  13 - Electricity  14 - Hydrogen

31. Indicate with a check (✓) the jurisdictions in which you are operating, and in which you maintain bulk fuel storage (OP-Operate; BF-Bulk Fuel Storage)

<input type="checkbox"/> OP <input type="checkbox"/> BF	AL Alabama	<input type="checkbox"/> OP <input type="checkbox"/> BF	KY Kentucky	<input type="checkbox"/> OP <input type="checkbox"/> BF	NC North Carolina	<input type="checkbox"/> OP <input type="checkbox"/> BF	WI Wisconsin
<input type="checkbox"/> <input type="checkbox"/>	AK Alaska	<input type="checkbox"/> <input type="checkbox"/>	LA Louisiana	<input type="checkbox"/> <input type="checkbox"/>	ND North Dakota	<input type="checkbox"/> <input type="checkbox"/>	WY Wyoming
<input type="checkbox"/> <input type="checkbox"/>	AZ Arizona	<input type="checkbox"/> <input type="checkbox"/>	ME Maine	<input type="checkbox"/> <input type="checkbox"/>	OH Ohio	CANADIAN PROVINCES	
<input type="checkbox"/> <input type="checkbox"/>	AR Arkansas	<input type="checkbox"/> <input type="checkbox"/>	MD Maryland	<input type="checkbox"/> <input type="checkbox"/>	OK Oklahoma	<input type="checkbox"/> <input type="checkbox"/>	AB Alberta
<input type="checkbox"/> <input type="checkbox"/>	CA California	<input type="checkbox"/> <input type="checkbox"/>	MA Massachusetts	<input type="checkbox"/> <input type="checkbox"/>	OR Oregon	<input type="checkbox"/> <input type="checkbox"/>	BC British Columbia
<input type="checkbox"/> <input type="checkbox"/>	CO Colorado	<input type="checkbox"/> <input type="checkbox"/>	MI Michigan	<input type="checkbox"/> <input type="checkbox"/>	PA Pennsylvania	<input type="checkbox"/> <input type="checkbox"/>	MB Manitoba
<input type="checkbox"/> <input type="checkbox"/>	CT Connecticut	<input type="checkbox"/> <input type="checkbox"/>	MN Minnesota	<input type="checkbox"/> <input type="checkbox"/>	RI Rhode Island	<input type="checkbox"/> <input type="checkbox"/>	NB New Brunswick
<input type="checkbox"/> <input type="checkbox"/>	DE Delaware	<input type="checkbox"/> <input type="checkbox"/>	MS Mississippi	<input type="checkbox"/> <input type="checkbox"/>	SC South Carolina	<input type="checkbox"/> <input type="checkbox"/>	NF Newfoundland
<input type="checkbox"/> <input type="checkbox"/>	DC Dist. of Columbia	<input type="checkbox"/> <input type="checkbox"/>	MO Missouri	<input type="checkbox"/> <input type="checkbox"/>	SD South Dakota	<input type="checkbox"/> <input type="checkbox"/>	NT Northwest Territories
<input type="checkbox"/> <input type="checkbox"/>	FL Florida	<input type="checkbox"/> <input type="checkbox"/>	MT Montana	<input type="checkbox"/> <input type="checkbox"/>	TN Tennessee	<input type="checkbox"/> <input type="checkbox"/>	NS Nova Scotia
<input type="checkbox"/> <input type="checkbox"/>	GA Georgia	<input type="checkbox"/> <input type="checkbox"/>	NE Nebraska	<input type="checkbox"/> <input type="checkbox"/>	TX Texas	<input type="checkbox"/> <input type="checkbox"/>	NU Nunavut
<input type="checkbox"/> <input type="checkbox"/>	ID Idaho	<input type="checkbox"/> <input type="checkbox"/>	NV Nevada	<input type="checkbox"/> <input type="checkbox"/>	UT Utah	<input type="checkbox"/> <input type="checkbox"/>	ON Ontario
<input type="checkbox"/> <input type="checkbox"/>	IL Illinois	<input type="checkbox"/> <input type="checkbox"/>	NH New Hampshire	<input type="checkbox"/> <input type="checkbox"/>	VT Vermont	<input type="checkbox"/> <input type="checkbox"/>	PE Prince Edward Island
<input type="checkbox"/> <input type="checkbox"/>	IN Indiana	<input type="checkbox"/> <input type="checkbox"/>	NJ New Jersey	<input type="checkbox"/> <input type="checkbox"/>	VA Virginia	<input type="checkbox"/> <input type="checkbox"/>	QC Quebec
<input type="checkbox"/> <input type="checkbox"/>	IA Iowa	<input type="checkbox"/> <input type="checkbox"/>	NM New Mexico	<input type="checkbox"/> <input type="checkbox"/>	WA Washington	<input type="checkbox"/> <input type="checkbox"/>	SK Saskatchewan
<input type="checkbox"/> <input type="checkbox"/>	KS Kansas	<input type="checkbox"/> <input type="checkbox"/>	NY New York	<input type="checkbox"/> <input type="checkbox"/>	WV West Virginia	<input type="checkbox"/> <input type="checkbox"/>	YT Yukon

BUSINESS INFO.

LICENSE INFORMATION

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- Please read instructions.
- Type or print.
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32. Legal name of owner (Same as Item 1)

**REPRESENTATIVE**

33. Legal name of authorized agent/representative  
•

34. Mailing address

City  State  ZIP code  Business number (Area code and number)

**SIGNATURES**

35. The sole owner, all general partners, corporation president, vice-president, secretary or treasurer or an authorized agent must sign this application. Representatives must submit a written power of attorney with application. (Attach additional sheets if necessary.)

Date of application  
Month  Day  Year

Bonds are not generally required of first-time applicants. However, a bond may be required if an IFTA licensee has a history of not filing tax returns on time, not remitting tax due or other problems severe enough to indicate that a bond is required to protect the interests of all member jurisdictions.

The applicant agrees to comply with reporting, payment, record keeping and license and decal display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that Texas may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member jurisdictions.

I (We) certify that the information in this document and any attachment is true, accurate and complete to the best of my (our) knowledge. I (We) acknowledge that any falsification of document information subjects me (us) to civil and/or criminal sanctions of the state of Texas.

Type or print name and title of sole owner, partner, officer or authorized agent	<b>sign here</b> ▶	Sole owner, partner, officer or authorized agent
<input style="width: 400px;" type="text"/>		<input style="width: 300px;" type="text"/>
Type or print name and title of partner or officer	<b>sign here</b> ▶	Partner or officer
<input style="width: 400px;" type="text"/>		<input style="width: 300px;" type="text"/>
Type or print name and title of partner or officer	<b>sign here</b> ▶	Partner or officer
<input style="width: 400px;" type="text"/>		<input style="width: 300px;" type="text"/>

**WARNING:** You may be required to obtain an additional permit or license from the State of Texas or from a local governmental entity to conduct business. A listing of links relating to acquiring licenses, permits, and registrations from the State of Texas is available online at <http://www.Texas.gov>. You may also want to contact the municipality and county in which you will conduct business to determine any local governmental requirements.