



International Fuel Tax Agreement (IFTA) License Application

New Jersey Motor Vehicle Commission
Motor Carrier Services - Fuel Tax Section
225 East State Street, P.O. Box 133
Trenton, New Jersey 08666-0133
(609) 633-9400

Office Use Only

Decals Requested : _____ x \$10

| | | | |
|--|---------------|----|------------------------|
| 1 Federal Employer Identification Number | Suffix if any | OR | Social Security Number |
|--|---------------|----|------------------------|

| |
|--------------|
| 2 Legal Name |
|--------------|

| | |
|--------------|-----------------------------|
| 3 Trade Name | 4 Business Telephone Number |
|--------------|-----------------------------|

| | | | |
|------------------|------|-------|----------|
| 5 Street Address | City | State | Zip code |
|------------------|------|-------|----------|

| | | | |
|--|------|-------|----------|
| 6 Mailing address for license and decals (if different from 5) | City | State | Zip code |
|--|------|-------|----------|

| | | | |
|--|------|-------|----------|
| 7 Mailing address for tax return and information (if different from 5) | City | State | Zip code |
|--|------|-------|----------|

| |
|--|
| 8 Type of business |
| Partnership Individual Corporation Limited Liability Corporation Other (specify) _____ |

| 9 | Name | Title | Telephone Number | Email Address |
|---|------|-------|------------------|---------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

| | | | | | |
|---|-----|----|--|--------|--------|
| 10 Are your vehicles involved in a lease agreement? | Yes | No | If yes, who is responsible for reporting all operations? | Lessor | Lessee |
|---|-----|----|--|--------|--------|

| | |
|----------------|----------------|
| Name of Lessor | Name of Lessee |
|----------------|----------------|

| | |
|---------|---------|
| Address | Address |
|---------|---------|

| | |
|------------------|------------------|
| City, State, Zip | City, State, Zip |
|------------------|------------------|

| | | | |
|-----------|-----|-----------|-----|
| Telephone | Fax | Telephone | Fax |
|-----------|-----|-----------|-----|

| |
|--|
| 11 Type of fuel used (Check all that apply) |
| Gas Diesel Propane Gasohol LNG CNG Ethanol Methanol E-85 M-85 A-55 |

| | | | |
|----------------------------------|-----|----|----------------|
| 12 Do you maintain bulk storage? | Yes | No | If yes, where? |
|----------------------------------|-----|----|----------------|

| | | | |
|--|-----|----|-------------------------------|
| 13 Have you previously held an IFTA license in another jurisdiction? | Yes | No | |
| Is that license currently suspended or revoked? | Yes | No | If yes, in what jurisdiction? |

POWER OF ATTORNEY (OPTIONAL)
I hereby appoint _____ as my Attorney in Fact for all matters related to fuel taxes including, but not limited to, filing and discussing all required documents with any employees of the State of New Jersey.

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

I declare that to the best of my knowledge and belief, this application is true, correct and complete. I understand that a willfully false representation is a crime punishable under New Jersey Tax Law.

| | |
|--------------------|-------|
| Type or print name | Title |
|--------------------|-------|

| | | |
|---|------------------|------|
| Signature of owner, partner, member, officer or person authorized by attached Power of Attorney | Telephone number | Date |
|---|------------------|------|