



TENNESSEE INTERNATIONAL FUEL TAX AGREEMENT APPLICATION

Registration Year	IRP Account No.	TIN
	US DOT No.	

Please return your complete application to:

Tennessee Department of Revenue
Taxpayer & Vehicle Services Division
Motor Carrier Section
301 Plus Park Boulevard
Nashville, TN 37217

For more information, you can call our nationwide toll-free line at 1-888-468-9025 or our local number at (615) 399-4267.

The IFTA Governing Documents/Manual is available on the internet at www.iftach.org

PLEASE PRINT OR TYPE

1. Licensee's Legal Name

2. Application Type:

- Original
- Reinstatement
- Renewal
- Supplement

3. Trade/DBA Name

Area Code-Telephone Number

4. Physical Business Address Street

City

State

Zip Code

5. Mailing Address Street

City

State

Zip Code

6. Contact Person's Name

Area Code-Telephone Number

7. Location of Records: Street

City

State

Zip Code

8. Business Type: Individual Partnership Corporation LLC

9. Print or type partner's or corporate officer's name(s), title, and residence address.

NAME

TITLE

RESIDENCE ADDRESS

10. Number of qualified motor vehicles requiring Tennessee IFTA Decals _____ (no fee required)

CERTIFICATION - The applicant agrees to comply with reporting, payment, records keeping and display requirements as specified in the International Fuel Tax Agreement. This application when signed authorizes the State of Tennessee to withhold any refund of tax overpayment, if delinquent taxes are due any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in the member jurisdiction.

Have you ever been licensed in another IFTA jurisdiction? _____

Was the license ever revoked? _____ Is the license still under revocation? _____

Place an in all jurisdictions in which you plan to operate.

Place a in all jurisdictions in which you maintain bulk storage.

JURISDICTION	OPER	BULK
AL (Alabama)		
AK (Alaska)		
AZ (Arizona)		
AR (Arkansas)		
CA (California)		
CO (Colorado)		
CT (Connecticut)		
DE (Delaware)		
DC (District of Columbia)		
FL (Florida)		
GA (Georgia)		
ID (Idaho)		
IL (Illinois)		
IN (Indiana)		
IA (Iowa)		
KS (Kansas)		
KY (Kentucky)		
LA (Louisiana)		
ME (Maine)		
MD (Maryland)		
MA (Massachusetts)		
MI (Michigan)		
MN (Minnesota)		
MS (Mississippi)		
MO (Missouri)		
MT (Montana)		
NE (Nebraska)		
NV (Nevada)		
NH (New Hampshire)		
NJ (New Jersey)		
NM (New Mexico)		
NY (New York)		

JURISDICTION	OPER	BULK
NC (North Carolina)		
ND (North Dakota)		
OH (Ohio)		
OK (Oklahoma)		
OR (Oregon)		
PA (Pennsylvania)		
RI (Rhode Island)		
SC (South Carolina)		
SD (South Dakota)		
TN (Tennessee)		
TX (Texas)		
UT (Utah)		
VT (Vermont)		
VA (Virginia)		
WA (Washington)		
WV (West Virginia)		
WI (Wisconsin)		
WY (Wyoming)		
AB (Alberta)		
BC (British Columbia)		
MB (Manitoba)		
NB (New Brunswick)		
NL (New Foundland/Labrador)		
NS (Nova Scotia)		
NT (Northwest Territories)		
ON (Ontario)		
PE (Prince Edward Island)		
QC (Quebec)		
SK (Saskatchewan)		
YT (Yukon)		
MX (Mexico)		

UNDER PENALTY OF PERJURY, I DECLARE THAT, AS TAXPAYER OR PREPARER, I HAVE EXAMINED THIS APPLICATION, INCLUDING ACCOMPANYING FORMS AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS CORRECT AND COMPLETE.

(Signature)

(Date)

(Title)