www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

RDT 120 (02/25/2016)

INTERNATIONAL FUEL TAX AGREEMENT (IFTA)
LICENSING APPLICATION

(Operations must be in Virginia and at least one other jurisdiction)

Purpose: Use this form to establish a new Virginia IFTA account, or to renew or make changes to an existing Virginia IFTA account.

Instructions: Submit the completed application to DMV using one of the service options listed below. Any application that can not be processed will be returned after two weeks.

FAX/MAILING INFORMATION

TO: **DMV Motor Carrier Processing Center** FAX: 804-367-1073
MAILING ADDRESS: P.O. Box 27412, Richmond, Virginia 23269-0001

DATE SENT (mm/dd/yyyy)	TOTAL NUMBER OF PAGES

Motor Carrier	CARRIER NAME		
	DAYTIME TELEPHONE NUMBER ( )	FAX NUMBER ( )	
DMV/CSC Use Only	CSC NAME		CSC LOCATION CODE
	TELEPHONE NUMBER ( )	FAX NUMBER ( )	CSR NAME

SERVICE OPTIONS

Service times indicated for each option below are based on DMV Motor Carrier Processing Center receiving this application by 3:00 pm. Service times may vary at the end of the month.

☐ OPTION 1 - **Internet**
For faster service, use webCAT - DMV's free, on-line, full-service option. webCAT gives you quick, same day service. Go to www.dmvNOW.com, Commercial services, or contact webcat@dmv.virginia.gov.

☐ OPTION 2 - Fax or mail application - Receive credentials by mail.

DMV to send credentials by
☐ Regular Mail
☐ Express Mail (fill in account information below)
☐ UPS air ☐ UPS ground ☐ FedEx Priority ☐ FedEx Standard
CARRIER EXPRESS ACCOUNT NUMBER

☐ OPTION 3 - Fax, mail or email application - pick up credentials at a DMV Customer Service Center (CSC).

Carrier pick up credentials at CUSTOMER SERVICE CENTER NAME

☐ OPTION 4 - Drop off application at DMV Customer Service Center (CSC) - pick up credentials at a CSC.

Carrier pick up credentials at CUSTOMER SERVICE CENTER NAME

CONTACT INFORMATION

If you have questions or need help completing this application, contact Motor Carrier Services at:
(804) 249-5130 (voice) (800) 272-9268 (deaf and hearing impaired only) mcsonline@dmv.virginia.gov (email)

PAYMENT METHODS

(check one)
☐ CHECK / MONEY ORDER -- Made payable to DMV ☐ ACH DEBIT -- Authorize by signing below ☐ CREDIT CARD / E-CHECK -- Provide contact name and number below

NOTE: In our continuing effort to safeguard customer information, DMV does not accept credit card payments by mail or email. You may pay with a credit card by having a Motor Carrier Services Representative contact you. We accept checks and money orders via mail.

ACH Debit authorized per signature below:

CONTACT NAME (print)	SIGNATURE	DATE (mm/dd/yyyy)	TELEPHONE NUMBER ( )

IFTA LICENSING APPLICATION

TRANSACTION INFORMATION

(check applicable box)

☐ NEW ACCOUNT ☐ RENEWAL ☐ CLOSE ACCOUNT ☐ ORDER DECALS ☐ CHANGE INFORMATION - My IFTA account needs to be changed to show the data entered below.

APPLICANT INFORMATION

IFTA ACCOUNT TYPE - CHECK ONE BELOW AND ENTER VA IFTA ACCOUNT NUMBER

VIRGINIA IFTA ACCOUNT NUMBER

☐ I: INDIVIDUAL (enter account name)

☐ P: PARTNERSHIP (enter all partners' names)

☐ C: CORPORATION NAME | CORPORATION STATE

☐ OTHER

DOING BUSINESS AS NAME | FEIN/SSN | DOT NUMBER

Have you ever been licensed as an IFTA Carrier? ☐ YES ☐ NO | If yes, enter jurisdiction and account number | If IFTA licensed, was license revoked or suspended? ☐ YES ☐ NO

DO YOU HAVE A VIRGINIA IRP ACCOUNT?

☐ YES IF YES, ENTER VIRGINIA IRP ACCOUNT NUMBER →

☐ NO IF NO, BUT YOUR BUSINESS OPERATES LEASED VEHICLES THAT DISPLAY IRP PLATES, COMPLETE THE FOLLOWING:

VEHICLES LEASED FROM (lessor)	LESSOR IRP ACCOUNT NUMBER	NO. OF VEHICLES

BUSINESS INFORMATION

BUSINESS LOCATION STREET ADDRESS (NO POST OFFICE BOX)

CITY | STATE **VA** | ZIP | **COUNTRY**

BUSINESS LOCATION TELEPHONE NUMBER ( ) | FAX NUMBER ( ) | EMAIL ADDRESS

CONTACT PERSON NAME

CONTACT LOCATION TELEPHONE NUMBER ( ) | FAX NUMBER ( ) | EMAIL ADDRESS

GENERAL MAILING ADDRESS (if different from business location address)

CITY | STATE | ZIP

TAX RETURN MAILING ADDRESS (if different from business location address)

CITY | STATE | ZIP

DECAL/LICENSE MAILING ADDRESS (if different from business location address)

CITY | STATE | ZIP

ADDRESS WHERE RECORDS ARE LOCATED (if different from business location address)

CITY | STATE | ZIP

DECAL ORDER (2 decals in each set)

The decal fee is not refundable.	DECAL YEAR REQUESTED	TOTAL NUMBER OF SETS REQUESTED	FEE PER SET **$10.00**	TOTAL FEE DUE (number of sets times $10.00) **$**

BULK FUEL STORAGE INFORMATION

Do you maintain bulk fuel storage for highway use? ☐ YES ☐ NO

If yes, indicate the fuel type and the jurisdiction where the bulk fuel is stored.

FUEL TYPE	JURISDICTION	FUEL TYPE	JURISDICTION	FUEL TYPE	JURISDICTION

CERTIFICATION

IFTA LICENSE AGREEMENT - I certify that I am responsible for fulfilling IFTA requirements, including quarterly tax payments, for leased vehicles that display IFTA decals and licenses obtained through this application.

RULES AND REGULATIONS - I agree to comply with reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement, Virginia Code and the rules and regulations of the Virginia Department of Motor Vehicles (found online at www.dmvnow.com and the Motor Carrier Manual - DMV 248).

DELINQUENT TAXES AND LICENSE REVOCATION - I understand that failure to comply with these provisions shall be grounds for revocation of my IFTA license in Virginia and/or in all member jurisdictions. I further agree that the Department of Motor Vehicles may withhold any refunds due if I am delinquent on fuel taxes due to any member jurisdiction.

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER, PARTNER, OR CORPORATE OFFICER NAME (print)		
TITLE	TELEPHONE NUMBER ( )	FAX NUMBER ( )
OWNER, PARTNER, OR CORPORATE OFFICER SIGNATURE	DATE (mm/dd/yyyy)	