

STATE OF MISSISSIPPI

APPLICATION

STATE TAX COMMISSION
P. O. BOX 1140
JACKSON, MISSISSIPPI 39215
PHONE (601) 923-7150
FAX (601) 923-7165

FOR INTERNATIONAL FUEL TAX AGREEMENT (IFTA) CREDENTIALS
ALL SPACES MUST BE COMPLETED. MARK N/A IF NOT APPLICABLE.

1. Legal Name Of Applicant _____ Phone _____

Trade Name _____ Fax _____

3. Federal ID No.(Corporation or Partnership), Social Security No.(sole owner) _____

4. Physical Address: _____
Street City State Zip Code County

5. Mailing Address: _____
Street or P. O. Box City State Zip Code County

6. Location of Records _____
Street City State Zip Code County

7. Contact Person's Name _____ Phone _____

8. Type of Ownership: Corporation () Partnership () Sole Ownership () Other()

9. If Corporation or Partnership, list the names of the officers or partners.

Name	Address	Title	Social Security No.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Corporation organized under Laws of State of _____ Date _____

11. Date admitted or authorized to do business in Mississippi _____

12. Date began business _____

13. Have you previously held International Fuel Tax Agreement (IFTA) Credentials? Yes () No (). If yes, please indicate
the Account No. _____ and IFTA the base jurisdiction _____

14. Complete the following if your vehicles are leased to another motor carrier. _____

Name and address of lessor _____

_____ Lessor's Phone _____

15. Who is responsible for reporting Interstate Motor Carrier Fuel Taxes: Lessor () Lessee ()

16. If a Reporting Service completes your fuel tax report, give its Name, Address, and Phone Number.

17. Do you want your Tax Report mailed to the Reporting Service? Yes () No ()

18. If a Reporting Service completes your fuel tax report, please execute the enclosed Power of Attorney.

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19. IRP BASE STATE _____ IRP ACCOUNT NO. _____

20. Check applicable carrier type. **Common** () **Contract** () **Private** ()

21. U.S.D.O.T. No. _____

22. Indicate fuel type: Diesel Fuel () Gasoline () Gasohol () Compressed Gas () Natural Gas ()

23. Complete the schedule below **by placing an "X" next to the jurisdictions in which you operate Qualified Motor Vehicles** and /or have bulk storage of fuel.

Operates Motor Vehicles	Bulk Fuel		Operates Motor Vehicles	Bulk Fuel		Operates Motor Vehicles	Bulk Fuel	
—	—	AK Alaska	—	—	MI Michigan	—	—	TX Texas
—	—	AL Alabama	—	—	MN Minnesota	—	—	UT Utah
—	—	AR Arkansas	—	—	MO Missouri	—	—	VA Virginia
—	—	AZ Arizona	—	—	MS Mississippi	—	—	VT Vermont
—	—	CA California	—	—	MT Montana	—	—	WA Washington
—	—	CO Colorado	—	—	NC North Carolina	—	—	WI Wisconsin
—	—	CT Connecticut	—	—	ND North Dakota	—	—	WV West Virginia
—	—	DC Dist. Columbia	—	—	NE Nebraska	—	—	WY Wyoming
—	—	DE Delaware	—	—	NH New Hampshire	—	—	AB Alberta
—	—	FL Florida	—	—	NJ New Jersey	—	—	BC British Columbia
—	—	GA Georgia	—	—	NM New Mexico	—	—	LB Labrador
—	—	IA Iowa	—	—	NV Nevada	—	—	MB Manitoba
—	—	ID Idaho	—	—	NY New York	—	—	NB New Brunswick
—	—	IL Illinois	—	—	OH Ohio	—	—	NF Newfoundland
—	—	IN Indiana	—	—	OK Oklahoma	—	—	NS Nova Scotia
—	—	KS Kansas	—	—	Or Oregon	—	—	NT N W Territory
—	—	KY Kentucky	—	—	PA Pennsylvania	—	—	ON Ontario
—	—	LA Louisiana	—	—	RI Rhode Island	—	—	PE Prince Edward Island
—	—	MA Massachusetts	—	—	SC South Carolina	—	—	PQ Quebec
—	—	MD Maryland	—	—	SD South Dakota	—	—	SK Saskatchewan
—	—	ME Maine	—	—	TN Tennessee	—	—	YT Yukon Territory

24 Number of qualified motor vehicles operated _____.

REQUEST FOR INTERNATIONAL FUEL TAX AGREEMENT DECALS

25. Number of Motor Vehicles requiring IFTA decals: _____ Additional Decals may be requested by letter stating the number required. Attach a copy of your IFTA License to such letter.

Under the penalties of perjury, the applicant declares the information given is, to the best of his knowledge, true, accurate and complete. The applicant agrees to comply with the reporting, record keeping, and license display requirements of the International Fuel Tax Agreement and/or of the Laws of the State of Mississippi. The applicant further agrees that base jurisdiction 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.

Signature

Title

Date

REPORTING FIRM AUTHORIZATION

If a Reporting Service will be completing your International Fuel Tax Agreement (IFTA) report, please execute the following Power of Attorney. **The Power of Attorney must be notarized.**

Account Name. _____

IFTA Account No. _____

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that the under signed principal and licensee has made and appointed, and does hereby make and appoint (reporting firm's name)

or their agents with offices at (mailing address) _____

(phone number) _____, to act as Attorney-in-fact for the licensee, who makes this appointment either personally or in an authorized capacity on behalf of the licensee; this power of attorney shall be for all matters relating to IFTA fuel taxes including but not limited to licensing decal orders, fuel tax reports and discussing all required documents with any agent or employee of the State Tax Commission.

IN WITNESS WHEREOF, I _____

have set my hand this _____ day of _____ 19 _____

Signature of Owner / Legal Representative

Title

ACKNOWLEDGEMENT

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19 _____, before me, the undersigned Notary Public, in and for the county and state aforesaid personally appeared _____ and acknowledged to me that he executed the same as his free and voluntary act and deed, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

Notary Public _____

My Commission Expires _____