

State of Rhode Island Division of Taxation
IFTA-APP
 International Fuel Tax Agreement License Application



14123488880101

Applicant legal name		FEIN	
Business name (if different from above)		Registration period ending	
		1 2 / 3 1 / 2 0 Y Y	
Physical address	City, town or post office	State	ZIP code
Mailing address (include apt., office or unit #, if any)	City, town or post office	State	ZIP code
USDOT number	International Registration Plan (IRP) registration number		
Date you began or will begin IFTA in Rhode Island / /	If you previously registered for IFTA with another jurisdiction, enter jurisdiction below		
Contact name for questions regarding IFTA quarterly tax reporting	Telephone number		() -
E-mail address			

Type of business: Individual Corporation Partnership Other (specify) _____

Ownership Information:
 Enter the names, titles, social security numbers and residence addresses of principal officers of a corporation or of members, partners, owners, etc.

Name	Title	Social security number	Address	City or Town/ State/ZIP

Decal Order and License Application

Number of vehicles..... _____

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14123488880102

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Indicate type(s) of fuel used - check all that apply:

<input type="checkbox"/>	Diesel	<input type="checkbox"/>	CNG	<input type="checkbox"/>	Gasohol
<input type="checkbox"/>	Motor Fuel Gasoline	<input type="checkbox"/>	A-55	<input type="checkbox"/>	LNG
<input type="checkbox"/>	Ethanol	<input type="checkbox"/>	E-85	<input type="checkbox"/>	Methanol
<input type="checkbox"/>	Propane (LPG)	<input type="checkbox"/>	M-85	<input type="checkbox"/>	Biodiesel

Indicate with an "X" the jurisdictions in which you are operating and also those in which you maintain bulk fuel storage locations. (OP=Operate; BK=Bulk Fuel)

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

CERTIFICATION: The applicant agrees to comply with reporting, payment, recordkeeping, and display requirements as specified in the International Fuel Tax Agreement. The applicant authorizes the State of Rhode Island to withhold any refund of fuel use 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 all member jurisdictions.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, accurate and complete.

Authorized signature	Print name	Title	Date
Applicant signature	Print name	Date	Telephone number



14123488880103

Applicant legal name	FEIN

VEHICLE IDENTIFICATION NUMBERS

For each IFTA decal requested, please provide the plate number, state of registration,
 and the vehicle VIN number for each IFTA qualified vehicle.

You will receive a decal for each vehicle listed.

	Plate Number	State of Registration	Vehicle Identification Number (VIN)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Please attach additional sheet(s) if needed. Taxpayer spreadsheets containing the above requested information will be accepted in lieu of this form.