



Montana Department of Transportation  
 Motor Carrier Services Division  
 PO Box 4639  
 Helena MT 59604-4639  
 (406) 444-2998

**Do Not Write in this Space**

IFTA License #:

**International Fuel Tax Agreement (IFTA)  
 New Carrier Application**

1. Legal Name:			Trade Name (DBA):		
2. Mailing Address - Line 1			5. Physical Address - Line 1 (If Different from Mailing Address)		
3. Mailing Address - Line 2			6. Physical Address - Line 2		
4. City	State	Zip Code	7. City	State	Zip Code
8. Business Federal Employer ID #		9. USDOT # (Required)		10. Business Phone #	
11. 'X' Type of Organization <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other		<b>12. Social Security #</b>		<b>13. Identify Owners, Partners, or Corporate Officers</b>	
		Social Security #		Name and Address	
		14. Do you maintain bulk storage in Montana?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. List Other States Where Bulk Fuel is Maintained:					
16a. Have you ever been licensed in another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No    b. Has your IFTA license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
17. The Jurisdictions in which you operate: ('X' all that apply)					
<input type="checkbox"/> AB – Alberta	<input type="checkbox"/> KS – Kansas	<input type="checkbox"/> NH – New Hampshire	<input type="checkbox"/> RI – Rhode Island		
<input type="checkbox"/> AL – Alabama	<input type="checkbox"/> KY – Kentucky	<input type="checkbox"/> NJ – New Jersey	<input type="checkbox"/> SK – Saskatchewan		
<input type="checkbox"/> AZ – Arizona	<input type="checkbox"/> LA – Louisiana	<input type="checkbox"/> NM – New Mexico	<input type="checkbox"/> SC – South Carolina		
<input type="checkbox"/> AR – Arkansas	<input type="checkbox"/> ME – Maine	<input type="checkbox"/> NY – New York	<input type="checkbox"/> SD – South Dakota		
<input type="checkbox"/> BC – British Columbia	<input type="checkbox"/> MB – Manitoba	<input type="checkbox"/> NL – Newfoundland	<input type="checkbox"/> TN – Tennessee		
<input type="checkbox"/> CA – California	<input type="checkbox"/> MD – Maryland	<input type="checkbox"/> NC – North Carolina	<input type="checkbox"/> TX – Texas		
<input type="checkbox"/> CO – Colorado	<input type="checkbox"/> MA – Massachusetts	<input type="checkbox"/> ND – North Dakota	<input type="checkbox"/> UT – Utah		
<input type="checkbox"/> CT – Connecticut	<input type="checkbox"/> MI – Michigan	<input type="checkbox"/> NS – Nova Scotia	<input type="checkbox"/> VA – Virginia		
<input type="checkbox"/> DE – Delaware	<input type="checkbox"/> MN – Minnesota	<input type="checkbox"/> OH – Ohio	<input type="checkbox"/> VT – Vermont		
<input type="checkbox"/> FL – Florida	<input type="checkbox"/> MS – Mississippi	<input type="checkbox"/> OK – Oklahoma	<input type="checkbox"/> WA – Washington		
<input type="checkbox"/> GA – Georgia	<input type="checkbox"/> MO – Missouri	<input type="checkbox"/> ON – Ontario	<input type="checkbox"/> WV – West Virginia		
<input type="checkbox"/> ID – Idaho	<input type="checkbox"/> MT – Montana	<input type="checkbox"/> OR – Oregon	<input type="checkbox"/> WI – Wisconsin		
<input type="checkbox"/> IL – Illinois	<input type="checkbox"/> NE – Nebraska	<input type="checkbox"/> PA – Pennsylvania	<input type="checkbox"/> WY – Wyoming		
<input type="checkbox"/> IN – Indiana	<input type="checkbox"/> NV – Nevada	<input type="checkbox"/> PE – Prince Edward Isl.			
<input type="checkbox"/> IA – Iowa	<input type="checkbox"/> NB – New Brunswick	<input type="checkbox"/> QC – Quebec	<input type="checkbox"/> ALL – All Jurisdictions		
18. Fuel Decals for IFTA Units – Decal Fees must be sent with this application. Number of vehicles requiring fuel decals _____ x \$2.00 = _____					

Under penalties of perjury, I certify with my signature that to the best of my knowledge the information and statements on this application are true and correct and the number shown on this form is my correct taxpayer identification number. I agree to comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax agreement and Montana State Statutes. I further agree that Montana may withhold any refunds due me if I become delinquent in payment of fuel taxes, whether due Montana or any IFTA member state. I also understand that failure to comply with these provisions shall be grounds for revocation of my fuel tax license(s).

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

**See Reverse for Instructions**

**Reverse Must be Completed**

<p>19. Select one of the following that reflects your principal usage of motor fuel in Montana:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Trucking</td> <td><input type="checkbox"/> Drilling</td> </tr> <tr> <td><input type="checkbox"/> Farming</td> <td><input type="checkbox"/> Seismograph</td> </tr> <tr> <td><input type="checkbox"/> Logging</td> <td><input type="checkbox"/> Construction – Public Road</td> </tr> <tr> <td><input type="checkbox"/> Busing</td> <td><input type="checkbox"/> Construction – Other</td> </tr> <tr> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Trucking	<input type="checkbox"/> Drilling	<input type="checkbox"/> Farming	<input type="checkbox"/> Seismograph	<input type="checkbox"/> Logging	<input type="checkbox"/> Construction – Public Road	<input type="checkbox"/> Busing	<input type="checkbox"/> Construction – Other	<input type="checkbox"/> Mining	<input type="checkbox"/> Other _____	<p>20. List the <b>number</b> of each type of equipment in which you use motor fuel in Montana:</p> <p>_____ Semi Tractors</p> <p>_____ Trucks – 1 Ton or More</p> <p>_____ Pickup Trucks, Cars</p> <p>_____ Buses</p> <p>_____ Other: _____</p>
<input type="checkbox"/> Trucking	<input type="checkbox"/> Drilling										
<input type="checkbox"/> Farming	<input type="checkbox"/> Seismograph										
<input type="checkbox"/> Logging	<input type="checkbox"/> Construction – Public Road										
<input type="checkbox"/> Busing	<input type="checkbox"/> Construction – Other										
<input type="checkbox"/> Mining	<input type="checkbox"/> Other _____										

## INSTRUCTIONS FOR COMPLETING IFTA APPLICATION

1. **Legal name:** This is the legal name of the business entity that owns/controls the Motor Carrier operation. The name entered here should be the full legal business name (the name on the incorporation certificate, partnership agreement, tax records, etc.). For example, if the company is a:
  - Sole Proprietorship/Individual, enter the legal name, e.g., John A. Doe
  - Partnership, enter the legal names of all partners, e.g., John A. Doe and Jane B. Smith
  - Corporation, enter the name on the incorporation certificate (this name must include the type of corporation), e.g., John Doe INC, John Doe LLC.**and/or Trade name:** Enter the company’s trade name if it is different from the company’s official business name (the name entered in item 1). For example, if you entered “John A. Doe” in item 1 as the company’s official business name, but the trade name, or “Doing Business As” name, is “John’s Trucking Company,” you would enter “John’s Trucking Company” in this item
  
- 2-4. **Mailing Address:** This must be your complete mailing address. All forms, licenses and correspondence will be sent to this address.
  
- 5-7. **Location Address:** Fill in this address only if your physical address is different than your mailing address.
  
8. **Business Federal ID Number:** Enter your federal identification number. If the business is a sole proprietorship with no employees and is not required to have a federal ID number, the owner’s Social Security Number must be entered.  
**NOTE: When changing FEIN numbers and ownership a new license is required. This is the carrier’s responsibility to notify the department.**
  
9. **US DOT Number:** Enter your US DOT number. If you don’t have a US DOT number please contact (202) 366-9805 or visit [www.fmcsa.dot.gov/registration-licensing/online-registration/onlineregdescription.htm](http://www.fmcsa.dot.gov/registration-licensing/online-registration/onlineregdescription.htm)
  
10. **Business Phone Number:** Telephone number of the person that can be reached concerning information about your license and reports.
  
11. **“X” Type of Organization:** Indicate which type of ownership best describes your business.
  
- 12-13. **Identify Owner, Partners or Corporate Officers:** Identify owner if individual ownership, Partners if a partnership, or officers if a corporation. Include social security number(s), name, address, and telephone number of each person listed.
  
14. **Do You Maintain Bulk Storage in Montana:** Indicate whether or not you have tax-free bulk fuel storage available to you in Montana.
  
15. **Other States Where Bulk Fuel is Maintained:** List all states where you have tax-free bulk fuel storage.
  
16. **Have you ever been licensed in another jurisdiction? Has your IFTA license ever been revoked?** Indicate whether you have ever been licensed in another jurisdiction. Indicate whether your IFTA license is or has ever been revoked.
  
17. **The Jurisdictions in Which You Operate:** Mark an “X” next to each jurisdiction in which you intend to operate your vehicle(s). Mark the ALL block if you will be operating in all the jurisdictions listed.
  
18. **Number of Vehicles Requiring IFTA Decals:** Indicate number of IFTA qualified vehicles requiring decals. You will be sent 2 decals per vehicle. Payment of \$2.00 per set of decals must accompany your application.
  
19. **Select One of the Following That Best Reflects Your Principal Usage of Diesel Fuel in Montana:** Check the box that best describes your principal use of diesel fuel.
  
20. **List the Number of Each Type of Equipment in Which You Use Diesel Fuel in Montana:** Indicate the number of each type of diesel-powered vehicle that you have on the list.

**AUTHORIZED SIGNATURE AND DATE MUST BE COMPLETED IN ORDER TO PROCESS THE APPLICATION.**