



USE THIS FORM ONLY TO ORDER ADDITIONAL
DECALS AFTER DOING YOUR RENEWAL

ADDITIONAL IFTA DECALS – ORDER FORM FOR (_____) YEAR

Legal Name: _____

Trade Name _____

Address: _____

City/State and Zip: _____

Fax Number: _____

Federal ID #: _____

Montana Fuel (IFTA) License Number: _____-IF

Numbers of IFTA Qualified Vehicles _____ X \$2.00 = \$ _____

Please list information below for each vehicle requiring additional decals.

PLATE NUMBER (IF KNOWN)	TOTAL VIN #	YEAR	MAKE	UNIT #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please copy this sheet for additional vehicles.)

Please make remittance payable to the Montana Department of Transportation or you may use MasterCard or Visa.

DECALS MUST BE PAID FOR BEFORE THEY WILL BE SENT TO YOU.

Authorized Signature

Date

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