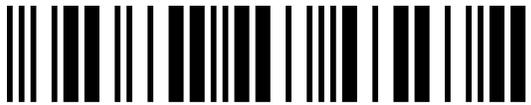




CRF-IFTA (10/08)
 GEORGIA DEPARTMENT OF REVENUE
 MOTOR VEHICLE DIVISION/IFTA
 P.O. BOX 161029
 ATLANTA, GA 30321-1029
 404-968-3800



0803604013

<http://www.etax.dor.ga.gov>

(PLEASE PRINT OR TYPE)

IFTA MOTOR CARRIER REGISTRATION APPLICATION

(Please Read Instructions Before Completing)

FOR OFFICE USE ONLY	1. STATE TAXPAYER IDENTIFIER:	2. FEI OR SSN (Required)
	3. LEGAL BUSINESS NAME	4. DBA NAME
	5. MAILING ADDRESS (Required)	6. LOCATION ADDRESS (Required) (NO P.O. BOX)
	7. COMPANY IS A: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER (Specify) _____	
	8. US DOT NUMBER (REQUIRED)	9. IRP ACCOUNT NUMBER (REQUIRED)
	10. HAVE YOU EVER BEEN LICENSED UNDER IFTA IN ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH STATE? _____	11. PHONE NUMBER (REQUIRED) () Area Code
	12. YEAR FOR WHICH APPLICATION IS MADE _____	
	MOTOR CARRIER IDENTIFICATION MARKERS	
	13. NUMBER OF DIESEL POWERED VEHICLES _____	
	14. NUMBER OF GASOLINE POWERED VEHICLES _____	
	15. NUMBER OF LP POWERED VEHICLES _____	
	16. OTHER _____	
17. TOTAL NUMBERS OF MOTOR CARRIER DECAL SETS: _____ X \$3.00 PER SET = \$ _____		
DECLARATION STATEMENT		
The applicant agrees to comply with reporting, record keeping and license display requirements as specified in the Georgia IFTA Procedures Manual. The applicant authorizes the State of Georgia to withhold any refund of tax overpayment, if delinquent taxes are due any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation or suspension of the license in all member states.		
The applicant, <u>certifies with his signature</u> that to the best of his/her knowledge, <u>the information</u> is true, accurate and complete and <u>any falsification</u> subjects him/her to the offense of making a written false statement to a government official.		
Print Name: _____		
Signature _____	Title _____ Date _____	
(Must be signed by owner, partner, or authorized officer of corporation – Stamped signature not acceptable)		

19. OPERATING JURISDICTIONS

Complete the schedule below by placing an "X" next to the jurisdictions in which you plan to operate "Qualified Motor Vehicles", maintain bulk storage of fuel, or in which you have IRP fleets registered.

A = Operate Motor Vehicles

B = Storage

C = IRP Fleets

A	B	C		A	B	C		A	B	C		A	B	C					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AK	Alaska	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IL	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NC	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RI	Rhode Island
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AL	Alabama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC	South Carolina
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR	Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KS	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NE	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SD	South Dakota
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AZ	Arizona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KY	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NH	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TN	Tennessee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CA	California	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NJ	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TX	Texas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CO	Colorado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MA	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UT	Utah
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT	Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MD	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NV	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VA	Virginia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DC	District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ME	Maine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NY	New York	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VT	Vermont
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DE	Delaware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MI	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OH	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WA	Washington
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FL	Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MN	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OK	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WI	Wisconsin
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GA	Georgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MO	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WV	West Virginia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IA	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MS	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PA	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WY	Wyoming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ID	Idaho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MT	Montana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CANADIAN PROVINCES

A	B	C		A	B	C		A	B	C		A	B	C					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NS	Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AB	Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MB	Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PE	Prince Edward Island
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT	N W Territory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BC	British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NB	New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PQ	Quebec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ON	Ontario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LB	Labrador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NF	Newfoundland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SK	Saskatchewan
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YT	Yukon Territory

FOR OFFICE USE ONLY

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OWNERSHIP/RELATIONSHIP SECTION

(This section MUST be completed for your application to be accepted)

20.	CHECK ALL THAT APPLY					GEORGIA IFTA EFFECTIVE DATE: / /				
	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Parent Company	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Related Business		
	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Officer	<input type="checkbox"/>	Other				
A	BUSINESS NAME					STI or LICENSE NO.				
B	GA. SALES TAX NO.					GA. WITHHOLDING TAX NO.				
C	LAST NAME	FIRST	M.I.	TITLE	SOC SEC NO.	(Required)				
D	ADDRESS									
E	CITY	STATE	ZIP	COUNTY	COUNTRY	PHONE	()			
21.	CHECK ALL THAT APPLY					GEORGIA IFTA EFFECTIVE DATE: / /				
	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Parent Company	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Related Business		
	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Officer	<input type="checkbox"/>	Other				
A	BUSINESS NAME					STI or LICENSE NO.				
B	GA. SALES TAX NO.					GA. WITHHOLDING TAX NO.				
C	LAST NAME	FIRST	M.I.	TITLE	SOC SEC NO.	(Required)				
D	ADDRESS									
E	CITY	STATE	ZIP	COUNTY	COUNTRY	PHONE	()			