

Motor Fuel Tax Section**P O Box 1752****Little Rock, AR 72203****Phone. (501) 682-4800 Fax (501) 682-5599**AR IFTA
Acct. No.
_____Registration
Year
_____**ARKANSAS IFTA APPLICATION**

1.	Federal Employee ID Number or Social Security No.	2. Arkansas IRP Account No.	3. U.S. DOT Number
		Expiration Date	
4.	Applicant's Legal Name	5. Application Type:	
		Original <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/>	
6.	Trade/DBA Name (If different than Legal Name)	7. Applicant's Arkansas Phone Number	
		[]	
8.	Applicant's Arkansas Physical Address	Street	City State Zip
9.	Mailing Address	Street or P.O. Box	City State Zip
10.	Contact Person's Name	11. Contact's Telephone No.	
		[]	
12.	E-Mail Address:		
13.	Business Type: — Sole Proprietor — Partnership — Corporation		
14.	<u>PRINT OR TYPE PARTNERS OR CORPORATE OFFICERS NAMES(S) AND RESIDENCE ADDRESS</u>		
	<u>Name</u>	<u>Title</u>	<u>Physical Residence Address</u>
15.	List Jurisdictions Where You Have Bulk Storage.		
16.	NUMBER OF VEHICLES REQUIRING IFTA DECALS _____ NO FEE		

CERTIFICATION – The applicant agrees to comply with reporting, payment, record keeping, and display requirements as specified in the International Fuel Tax Agreement. The applicant authorizes the State of Arkansas to withhold any refund of tax overpayment if delinquent taxes are due to any member of an IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions and any falsification subjects him or her to appropriate civic and/or criminal sanction of the base jurisdiction.

APPLICANT AGREES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN ON THE IFTA APPLICATION IS, TO THE BEST OF THEIR KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE.

Applicant's Signature_____
Applicant's Title_____
Date

FOR OFFICE USE ONLY

Decal Registration Numbers:

Beginning _____

Ending _____

Date Mailed _____