



STATE OF ARKANSAS
**Department of Finance
and Administration**

**REVENUE DIVISION
Motor Fuel Tax Section**
Post Office Box 1752
Little Rock, Arkansas 72203-1752
Phone: (501) 682-4800
Fax: (501) 682-5599
<http://www.state.ar.us/dfa>

INSTRUCTIONS FOR ARKANSAS IFTA APPLICATION

Please read instructions before filing application to assure that all information is completed correctly

Enter your **AR IFTA Account Number** if you currently have an IFTA License
(Arkansas IFTA Account numbers begin with either a 5, 6 or 7)

Enter the **Registration Year** for which you are requesting IFTA decals.

1. Enter your Federal Employer ID Number (required if you are a Corporation, LLC or Partnership)
Enter your Social Security **only** if you are a Sole Proprietor and do not have a Federal ID number.
2. Enter your Arkansas IRP Account Number plus the month and year of expiration. A **copy** of only one (1) of your current IRP cab cards must be attached to the IFTA application.
If you have **Farm** or **Natural Resource** tags, you will need to indicate this in the IRP Account Number Field and attach a **copy** of one (1) of your current year Farm or NR vehicle registration forms.
3. Enter your U.S. Department of Transportation number (US DOT number). If you are leased to someone and operating under their authority then enter "**Leased**" in this field.
4. Enter your Legal Business Name (as used on your Federal and State Income Tax Returns)
5. Enter the type of application you are submitting. (**Original** – new account with Arkansas, **Renewal** – First request for current year, **Supplement** – requesting additional decals for current year).
6. Enter your DBA Name (Doing Business As) if different from Legal Business Name.
7. Enter an Arkansas Phone Number where the Licensee can be contacted.
8. Enter the Arkansas physical address of the Licensee business.
9. Enter the mailing address if different from the physical address.
10. Enter the name of person to contact who will file tax returns and answer questions about the account.
11. Enter the telephone number for the contact person.
12. Enter valid e-mail address.
13. Enter the type of business structure (sole proprietor-(individual), partnership or corporation).
14. If Partnership, list partners; if S-Corporation list shareholders; if a Corporation list officers.
Home address is required.
15. Enter all IFTA member jurisdictions where you have bulk fuel storage.
16. **Enter the number of vehicles requiring IFTA decals at this time.**
17. **This application must be signed by the owner, partner or an authorized representative of the corporation.**
18. A Power of Attorney must be completed if you will have anyone other than the owner (Sole Proprietor), one of the partner (Partnership) or authorized representative of the corporation (Corporation) fulfill your responsibilities for filing applications, tax returns and paying taxes as owed.

Note: All lines **must** be completed or your application will be returned to you. You should maintain a copy of this application for your files and for reference when requesting supplemental decals.

Original request for IFTA decals and annual renewals request will require that your application be submitted with an original signature. Any request for original, renewal, and supplemental decals may be faxed to (501) 682-5599.