AMFT-71

Motor Fuel Tax Section
P O Box 1752
Little Rock, AR 72203
Phone. (501) 682-4815 Fax (501) 682-5599

Registration Year
_____

ARKANSAS IFTA APPLICATION

1.	**Federal Employee ID Number or Social Security No.**	**2. Arkansas IRP Account No.** Expiration Date	**3. U.S. DOT Number**
4.	**Applicant's Legal Name**	**5. Application Type:** Original ☐ Renewal ☐ Supplement ☐	
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.	**Business Type:** ___ **Sole Proprietor** ___ **Partnership** ___ **Corporation**		

13. ***PRINT OR TYPE PARTNERS OR CORPORATE OFFICERS NAMES(S), TITLE, AND RESIDENCE ADDRESS***

NAME	TITLE	PHYSICAL RESIDENCE ADDRESS

14. **List Jurisdictions Where You Have Bulk Storage.**

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15. **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 any member 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 _____