

RENEWAL APPLICATION FOR IFTA LICENSE AND DECALS

DUE ON OR BEFORE	
[FOID]	YOUR ACCOUNT NO.



BOE USE ONLY		
RA-B/A	AUD	REG
RR-QS	FILE	REF
EFF		

**BOARD OF EQUALIZATION
MOTOR CARRIER OFFICE
PO BOX 942879
SACRAMENTO CA 94279-6180**

IFTA RENEWAL INFORMATION

You must complete and return this renewal application to maintain your IFTA license. Your application will not be processed unless it is complete and accompanied by the required fees. If you do not return this form, it will result in the cancellation of your license.

SECTION I: Decal and Fee Computation (this section must be completed)

1. Enter the number of vehicles that you operate in IFTA jurisdictions	1.	
2. Fee per set of decals	2.	\$
3. Total decal fee (multiply line 1 by line 2)	3.	\$
4. Annual license fee	4.	\$
5. TOTAL AMOUNT ENCLOSED (add lines 3 and 4)	5.	\$

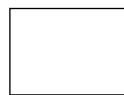
SECTION II: Vehicle Information (list complete information for each of your qualified motor vehicles; attach a separate sheet to include information about additional vehicles)

U.S. Department of Transportation Number (DOT)

MAKE AND YEAR	BASE STATE VEHICLE REGISTRATION	VIN/LICENSE NUMBER	TYPE OF FUEL USED	ODOMETER READING	REGISTERED OWNER IF DIFFERENT THAN IFTA ACCOUNT

Make check or money order payable to the State Board of Equalization. Remittance must be in U.S. funds.
Always write your account number on your check or money order. Make a copy of this document for your records.

SIGNATURE	EMAIL ADDRESS	
PRINT NAME AND TITLE	TELEPHONE ()	DATE



SECTION III: Cancellation Notice (complete this section if you will not be renewing your California IFTA License)

I am not renewing my IFTA license because (check only one box)

- I am no longer in business. Date business discontinued: _____
- I am no longer operating outside the state of California. Date of last interstate trip: _____
- My truck(s) is/are leased to another carrier (lessor) who is licensed under IFTA and who is responsible to report fuel usage and pay any tax due. Lessor's IFTA account number: _____ Effective date: _____
- I will be applying for an IFTA license in another jurisdiction.
Please indicate the jurisdiction where you will register: _____
- I choose to purchase fuel trip permits when traveling interstate (including return trips into California).
- Other (please explain) _____

SECTION IV: Business Change (complete this section only if the information preprinted on the front of this application is incorrect or if there has been a change in the ownership of the business)

1) NEW FEIN (Federal Employer Identification Number)				2) NEW DEPARTMENT OF TRANSPORTATION NUMBER (DOT)	
3) TYPE OF NEW OWNERSHIP					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Other Partnership			
<input type="checkbox"/> Married Co-Partnership		<input type="checkbox"/> Corporation/LLC			
4) NEW CORPORATION/LLC NAME AND NUMBER (list names of corporate/LLC officers, members or managers below)					
5) NEW OWNER/PARTNER/PRESIDENT NAME					SOCIAL SECURITY NUMBER
STREET ADDRESS (residence)		CITY	STATE	ZIP CODE	PHONE NUMBER ()
NEW PARTNER/VICE PRESIDENT NAME					SOCIAL SECURITY NUMBER
STREET ADDRESS (residence)		CITY	STATE	ZIP CODE	PHONE NUMBER ()
NEW PARTNER/TREASURER NAME					SOCIAL SECURITY NUMBER
STREET ADDRESS (residence)		CITY	STATE	ZIP CODE	PHONE NUMBER ()
NEW PARTNER/SECRETARY NAME					SOCIAL SECURITY NUMBER
STREET ADDRESS (residence)		CITY	STATE	ZIP CODE	PHONE NUMBER ()
6) NEW TRADE NAME/DBA					
7) NEW LOCATION OF BUSINESS (do not use a PO Box or agent's address for location of business)					PHONE NUMBER ()
8) NEW MAILING ADDRESS (if different from business location; do not enter agent's address here)					PHONE NUMBER ()
9) NEW AGENT/BOOKKEEPER NAME			10) NEW AGENT/BOOKKEEPER TELEPHONE NUMBER ()		
11) NEW AGENT/BOOKKEEPER MAILING ADDRESS					ACCOUNTANT CODE
<input type="checkbox"/> Please use this address as my mailing address. (check box and attach signed power of attorney form to use agent address for the account mailing address)					
12) NEW BANK OR OTHER FINANCIAL INSTITUTION		LOCATION			ACCOUNT NUMBER

SECTION V: Signature (this section must be completed)

SIGNATURE		EMAIL ADDRESS	
PRINT NAME AND TITLE		TELEPHONE ()	DATE

If you need additional information, please contact the State Board of Equalization, Motor Carrier Office, P.O. Box 942879, Sacramento, CA 94279-0065. You may also visit the BOE website at www.boe.ca.gov or call the Taxpayer Information Section at 800-400-7115 (TTY:711); from the main menu, select the option Special Taxes and Fees.