

# CT-IFTA-2

## Application For International Fuel Tax Agreement (IFTA) License Connecticut Carrier

**Calendar Year 2011**

If registered, enter Connecticut Tax Registration Number

Check if your mailing address has changed and indicate new address.

Complete this form in blue or black ink only. Please read all instructions on back before completing.

1. Reason for applying  
 New account     Registration of additional vehicles     Other: Explain

2. Name of owner, partnership, corporation, or LLC \_\_\_\_\_ Federal Employer ID Number (FEIN) \_\_\_\_\_

3. Trade name or registered name, if different from Line 2 \_\_\_\_\_ Social Security Number (SSN) \_\_\_\_\_

4. Physical location of this business: PO Box is not acceptable \_\_\_\_\_ ZIP plus 4 \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

5. Mailing address of this business, if different from Line 4 \_\_\_\_\_ ZIP plus 4 \_\_\_\_\_ United States DOT Number \_\_\_\_\_

6. Name and home address of owner, partner, corporate officer, or LLC member \_\_\_\_\_ ZIP plus 4 \_\_\_\_\_ SSN \_\_\_\_\_

7. Names and home addresses of other partners, corporate officers, or LLC members \_\_\_\_\_ ZIP plus 4 \_\_\_\_\_ SSN \_\_\_\_\_

8. Type of ownership: If **Other**, attach explanation.     Other  
 Sole proprietor     General partnership     Limited partnership     Corporation     S corporation  
 Limited liability company (LLC)     Single member LLC  
 Check if taxed as a corporation     Check if taxed as a corporation

8a. Organized under laws of what state? \_\_\_\_\_

9. Are you currently or have you been registered with another jurisdiction under IFTA ?  Yes     No  
 If **Yes**, enter the name of the jurisdiction. \_\_\_\_\_

10. Describe in detail the type of business you operate. \_\_\_\_\_

11. Do you store fuel in bulk?  Yes     No    If **Yes**, where is the fuel stored? \_\_\_\_\_

11a. Types of fuel used    \_\_\_\_\_ Special Diesel    \_\_\_\_\_ Gasoline    \_\_\_\_\_ Ethanol    \_\_\_\_\_ Propane    \_\_\_\_\_ Biodiesel  
 \_\_\_\_\_ A-55    \_\_\_\_\_ E-85    \_\_\_\_\_ M-85    \_\_\_\_\_ Gasohol    \_\_\_\_\_ LNG    \_\_\_\_\_ Methanol  
 \_\_\_\_\_ CNG

12. List lessors who lease vehicles to you. Attach additional sheets if needed.

Name	Address

13. Enter **X** for the jurisdictions in which you operate or anticipate operating:

_____ AL -Alabama	_____ IA -Iowa	_____ NE -Nebraska	_____ RI -Rhode Island	_____ AB -Alberta
_____ AZ -Arizona	_____ KS -Kansas	_____ NV -Nevada	_____ SC -South Carolina	_____ BC -British Columbia
_____ AR -Arkansas	_____ KY -Kentucky	_____ NH -New Hampshire	_____ SD -South Dakota	_____ NB -New Brunswick
_____ CA -California	_____ LA -Louisiana	_____ NJ -New Jersey	_____ TN -Tennessee	_____ MB -Manitoba
_____ CO -Colorado	_____ ME -Maine	_____ NM -New Mexico	_____ TX -Texas	_____ ON -Ontario
_____ CT -Connecticut	_____ MD -Maryland	_____ NY -New York	_____ UT -Utah	_____ QC -Quebec
_____ DE -Delaware	_____ MA -Massachusetts	_____ NC -North Carolina	_____ VA -Virginia	_____ SK -Saskatchewan
_____ FL -Florida	_____ MI -Michigan	_____ ND -North Dakota	_____ VT -Vermont	_____ NL -Newfoundland
_____ GA -Georgia	_____ MN -Minnesota	_____ OH -Ohio	_____ WA -Washington	_____ NW -NW Territory
_____ ID -Idaho	_____ MS -Mississippi	_____ OK -Oklahoma	_____ WV -West Virginia	_____ NS -Nova Scotia
_____ IL -Illinois	_____ MO -Missouri	_____ OR -Oregon	_____ WI -Wisconsin	_____ PE -Prince Edward Isle
_____ IN -Indiana	_____ MT -Montana	_____ PA -Pennsylvania	_____ WY -Wyoming	_____ YU -Yukon Territory
				_____ DC -District of Columbia

14. <b>Fees:</b> All applicants must complete this section.	Enter total number of qualified vehicles to be registered.	Number of qualified vehicles	Fee X \$10 =	Amount due
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**Make check payable to Commissioner of Revenue Services**

**Declaration:** I declare under the penalty of false statement that I have examined this application, CT-IFTA-2, and to the best of my knowledge and belief it is true, complete, and correct. The applicant agrees to comply with reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement (IFTA). The applicant further agrees that base jurisdiction may withhold any refunds due if the applicant is delinquent in paying fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license. I understand that IFTA decals may not be transferred by me to another person, or from one vehicle to another.

Signature of owner, partner, corporate officer, or LLC member \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Decals are not transferable from vehicle to vehicle or from company to company.**

## CT-IFTA-2 Instructions

**Do not use this CT-IFTA-2, Application For International Fuel Tax Agreement (IFTA) License Connecticut Carrier, to request Connecticut motor carrier road tax decals. For Connecticut motor carrier road tax decals, submit Form REG-3-MC, Application for Motor Carrier Road Tax.**

**Qualified motor vehicles** are those used, designed, or maintained for transportation of persons or property **and**:

- Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms;
- Have three or more axles regardless of weight; **or**
- Are used in combination and the combined gross vehicle weight or registered gross vehicle weight exceeds 26,000 pounds or 11,797 kilograms.

The term qualified motor vehicle does not include recreational vehicles.

**You may not transfer International Fuel Tax Agreement (IFTA) decals to another person or from one vehicle to another.**

### Line Instructions

**Line 1:** Check the appropriate box for a new account, registration of additional vehicles, or *other* reasons such as, renewal, replacement decals, or change of ownership. If there has been a change of identity, form of ownership, or organization, you **must** apply for a new CT-IFTA number. If you are registered with the Connecticut Department of Revenue Services (DRS), enter your Connecticut Tax Registration Number in the upper right corner of this form.

**Line 2:** Print the name of the owner, partnership, corporation, limited liability company (LLC) and enter its Federal Employer Identification Number (FEIN). Enter proprietor's name if a sole proprietorship. If it is a sole proprietorship with no employees and is not required to have a FEIN, enter the proprietor's Social Security Number (SSN).

**Line 3:** Print the **trade or registered name** if different from Line 2. A **trade or registered name** is the name under which business is done, but not necessarily the owner's name. Example: If John Travel is the proprietorship entered on Line 2, but John T. Trucker Co. is the name chosen by John Travel for his business, then John T. Trucker Co. is the name he would enter on Line 3.

**Line 4:** Print the physical location of the business. Do not use PO Boxes or rural route numbers. Indicate where the business is actually located.

**Line 5:** Print the mailing address of the business if different from Line 4. Complete only if mailing and business addresses are different.

**Line 6:** Print the name and home address of the proprietor, partner, corporate officer, or LLC member. Identify the proprietor if a sole proprietorship, partners if a partnership, or officers if a corporation.

**Line 7:** Print the names and home addresses of other partners, corporate officers, or LLC members.

**Line 8:** Check the appropriate box to indicate the type of business. If *Other*, attach an explanation.

**Line 8a:** Enter the name of the state under the laws of which the business is organized.

**Line 9:** Check the appropriate box to indicate whether you are currently or were previously registered with another jurisdiction for IFTA. If you check **Yes**, enter the name of the jurisdiction you are currently or were previously registered in for IFTA.

**Line 10:** Provide details of your business operations or activities.

**Line 11:** Check the appropriate box to indicate if you store fuel in bulk. If you check **Yes**, list the city and state where the fuel is stored.

**Line 11a:** Enter an X next to the type(s) of fuel used in your qualified motor vehicles.

**Line 12:** Enter the name(s) and address(es) of the lessor(s) who lease vehicles to you. Attach a list if needed.

**Line 13:** Enter an X next to each jurisdiction in which you are likely to operate.

**Line 14:** Indicate the number of IFTA qualified motor vehicles requiring decals. Two numbered decals will be issued for each qualified motor vehicle. One decal must be placed on the lower rear exterior of the passenger side cab door and the matching decal must be placed on the lower rear exterior of the driver side cab door of each vehicle.

This application must be signed by an owner, partner, corporate officer, or LLC member.

Failure to complete all items on this application may result in a delay in processing your application.

Make your check payable to **Commissioner of Revenue Services**. DRS may submit your check to your bank electronically.

Return the completed application with full payment to:

Department of Revenue Services  
Registration Section  
PO Box 2937  
Hartford CT 06104-2937

If you need assistance or additional information about applications or registering your vehicle(s), call the DRS Registration Section at **860-297-4870**, Monday through Friday, 8:30 a.m. to 4:30 p.m.

### For More Information

Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911.

**Forms and Publications:** Visit the DRS website at **www.ct.gov/DRS** to download and print Connecticut tax forms and publications.