

MISSISSIPPI Registration Application for International Fuel Tax Agreement (IFTA) Credentials

1. Enter your Federal I. D. Number if a corporation or partnership or Social Security Number if sole owner.

Federal I D No. _____ - _____ Social Security No. _____ - _____ - _____

2. Legal Name Of Applicant _____

Business Name (DBA) _____

3. Street Address: _____

City _____ State _____ Zip Code _____ County _____

4. Contact Person _____ Telephone Number: _____

Fax Number: _____ Internet E-mail Address: _____

5. Mailing Address: _____

City _____ State _____ Zip Code _____ County _____

6. Type of Ownership: Corporation Partnership - General Sole Ownership
 S Corporation Partnership - Limited Other
 LLC LP _____

7. If C Corp., S Corp, LLC, LLP, or Partnership, list the names of the officers or partners.

Name	Address	Title	Social Security No.

8. Corporation organized under Laws of State of _____

9. Date admitted or authorized to do business in Mississippi _____ Date began business _____

10. Have you previously held International Fuel Tax Agreement (IFTA) Credentials? s p.

If yes, please indicate the Account No. _____ and the base jurisdiction _____

11. Complete the following if your vehicles are leased to another motor carrier.

Name and address of lessor _____

_____ Lessor's Phone _____

12. Who is responsible for reporting Interstate Motor Carrier Fuel Taxes: essor Lessee

13. If a Reporting Service completes your fuel tax report, give its Name, Address, and Phone Number.

14. Do you want your Tax Report mailed to the Reporting Service? Yes No

15. If a Reporting Service completes your fuel tax report, please execute a Power of Attorney.

CREDENTIALS

16. IRP (Apportioned Tag) Account No. _____ IRP Base State _____

Do you have vehicles based for IRP in states other than Mississippi? No () Yes () If yes, which state(s). _____

Do you have a farm tag issued by the State of Mississippi? es o. If yes, indicate the farm tag No. _____

17. U. S. DOT Number _____ Check applicable carrier type. Common Contract Private

18. Indicate fuel type: Diesel Fuel Gasoline Gasohol Compressed Gas Nat Gas

19. Complete the schedule below by placing an "X" next to the jurisdictions in which you operate Qualified Motor Vehicles and /or have bulk storage of fuel.

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

REQUEST FOR INTERNATIONAL FUEL TAX AGREEMENT DECALS

20. Number of Motor Vehicles requiring IFTA decals. _____

Additional Decals may be requested by letter stating the number required. Attach a copy of your IFTA License to such letter.

Under the penalties of perjury, the applicant declares the information given is, to the best of his knowledge, true, accurate and complete. The applicant agrees to comply with the reporting, record keeping, and license display requirements of the International Fuel Tax Agreement and/or of the Laws of the State of Mississippi. The applicant further agrees that base jurisdiction may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member jurisdictions.

Signature

Title

Date

Mail the completed application & attachments to:

Mississippi State Tax Commission
P.O. Box 1140
Jackson, MS 39215-1140

Telephone: 601-923-7150 Fax 601-923-7165