



TENNESSEE DEPARTMENT OF REVENUE
Application for International Fuel Tax Agreement (IFTA)

RV-R0011801 (Rev. 7/17)

1. **Application type:** Original Reinstatement Renewal Supplement

2. Legal Name of Applicant

3. DBA Name (If different from above)

4. Physical Address City State Zip

5. Mailing Address City State Zip

6. Telephone Number Fax Number Email Address

7. Contact Name Contact Telephone Number Contact Email Address

8. IFTA Account Number

9. USDOT Number

10. FEIN or SSN

11. Type of Ownership:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Single-member LLC | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Marital/Joint | |
| <input type="checkbox"/> Multi-member LLC | <input type="checkbox"/> Estate/Trust | |

12. Indicate Fuel Type(s) for Qualifying Vehicle:

- | | | |
|-----------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> Diesel | <input type="checkbox"/> CNG | <input type="checkbox"/> A-55 |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> M-85 | <input type="checkbox"/> LNG |
| <input type="checkbox"/> Gasohol | <input type="checkbox"/> Ethanol | |
| <input type="checkbox"/> LPG | <input type="checkbox"/> E-85 | |

13. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet. See Instructions.)

Legal Name	Legal Name
Title	Title
SSN or FEIN	SSN or FEIN
Address	Address
City State Zip	City State Zip
Telephone Number Email Address	Telephone Number Email Address

14. Number of IFTA qualified vehicles in your fleet: _____

15. Number of IFTA decals requested: _____

16. Have you ever been issued an IFTA license from a jurisdiction other than Tennessee? Yes No

If yes, list jurisdictions: _____

17. Do you maintain bulk storage?

Yes

No

If yes, list jurisdictions: _____

18. Reporting Service Preparer's Name (if applicable)

19. Mailing Address

City

State

Zip

20. Telephone Number

Fax Number

Email Address

21. Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this application, including accompanying forms and to the best of my knowledge and belief, it is correct and complete. By signing and dating below, I acknowledge that I have read and agree to comply with the tax reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that Tennessee may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions.

Signature: _____ Title: _____ Date: _____

Mail application to: Tennessee Department of Revenue, Vehicle Services Division
44 Vantage Way, 1st Floor
Nashville, TN 37213-8050

For questions, please call (888)468-9025 or (615)399-4267 or submit an online helpdesk ticket at www.tn.gov/revenue