



Mail Drop 527M
 Motor Vehicle Division
 Motor Carrier Services
 PO Box 2100
 Phoenix AZ 85001-2100
mvdmcsc@azdot.gov

IFTA ACCOUNT CHANGES APPLICATION

96-0430 R10/16 azdot.gov

Section I

MVD Account Number		USDOT Number		MC Operating Authority #	
Tax ID Number (TIN)		TIN <input type="checkbox"/> EIN <input type="checkbox"/> SSN		Number of Qualified Vehicles	
Application Type <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Federal ID Change <input type="checkbox"/> Statutory Agent Change <input type="checkbox"/> Additional or Replacement Decals* <input type="checkbox"/> Other:					
Legal Status <input type="checkbox"/> Individual ** <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> Other:					
Company Name					
Doing Business As (DBA)					
Mailing Address				City	State Zip
Physical Location (if different from above) ***				City	State Zip
Address Where Records Will Be Maintained				City	State Zip
Business Phone ()		Business E-Mail Address			

- * If you are requesting decals **only**, complete Section I and Section III.
- ** If you do not have a Federal Employer Identification Number (EIN), you are required by ARS 44-1373 to provide your Social Security Number. It will be used to verify your identity and to comply with taxpayer enforcement laws.
- *** If the Physical Location has changed, include a current copy of **one** of the following real estate ownership document, real estate lease agreement, rent or mortgage payment receipt, utility bill, IRS Form 2290 or Articles of Incorporation.

Section II

Primary Contact Person Name (Owner or Designee)		Title	
E-mail Address		Contact Phone ()	

Designated Contacts (If Applicable)

ATP Company Name		E-Mail Address		Contact Phone	
Mailing Address		City		State Zip	
Agent Name		E-Mail Address		Contact Phone	
Mailing Address		City		State Zip	
Record Keeper Name		E-Mail Address		Contact Phone	
Mailing Address		City		State Zip	

Statutory agent (for out of state corporations only) as designated in the Articles of Incorporation (must be an Arizona resident)

Statutory Agent Name			
Street Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip

Applicants: Owner, Partner, Officer or Director (if more space is needed, attach separate listing)

Applicant Name (first, middle, last, suffix)	Title	E-Mail	State
Residence Address	City	State	Zip Contact Phone ()
Applicant Name	Title	E-Mail	State
Residence Address	City	State	Zip Contact Phone ()
Applicant Name	Title	E-Mail	State
Residence Address	City	State	Zip Contact Phone ()

Section III

The fuel types for which you will file quarterly returns in the new license year are:

Fuel Type <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Gasohol <input type="checkbox"/> LPG <input type="checkbox"/> LNG <input type="checkbox"/> CNG <input type="checkbox"/> Ethanol <input type="checkbox"/> Methanol <input type="checkbox"/> E85 <input type="checkbox"/> M85 <input type="checkbox"/> A55	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you withdraw fuel from bulk?	Bulk Storage location:
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you haul petroleum products?	

Mail the completed application and required documentation to the address above, along with \$10.00 filing fee. Do not include any other payments on the check. Make check payable to Motor Vehicle Division, and include your MVD Account Number on the check.

Do not include the IFTA Quarterly Tax Report with this application.

To obtain the required forms and detailed information, please visit the Motor Carrier IFTA Website at:

<http://azdot.gov/mvd/MotorCarrierServices/InternationalFuelTaxAgreement>

I agree to comply with the provisions of the International Fuel Tax Agreement. I certify that the information contained on this application is true, accurate and complete, to the best of my knowledge.

Owner, Partner or Officer Signature	Date	Title	
2nd Partner Signature	Date	3rd Partner Signature	Date

MVD Use

Date Received	Date Reviewed	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Number	Comments	IFTA Decal Numbers From: To:	