



**Department of
Taxation**
P.O. Box 530
Columbus, OH 43216-0530
tax.ohio.gov

Office Use Only



OHIF 1
Rev. 12/20

Application for International Fuel Tax Agreement (IFTA) License

1. Reason for application: Additional decal(s) New account Account update/change
 Replacement decal Renewal _____
Year
2. Federal ID number (FEIN) _____ (if FEIN doesn't exist, enter Social Security number of owner)
- 2a. Business structure: Sole owner Partnership Corporation LLC LLP LP
3. Legal name _____
(If sole owner, enter owner's name as last name, first name and middle initial)
4. Doing business as (DBA) _____
5. Physical address _____
(Do not enter a P.O. box) Street City State ZIP code
- 5a. Ohio county of physical address _____
6. Mailing address _____
Street City State ZIP code
7. If corporation, LLC, LLP, LP or partnership, list names of officers or partners below.

Last name First name

Last name First name
8. Primary contact name _____ Alternate contact name _____
9. Business number (_____) _____ Fax number (_____) _____ Cell number (_____) _____
10. U.S. DOT number _____ (if this U.S. DOT number is listed under a different company's name, that company must provide documentation authorizing you to use their U.S. DOT number)
11. Will you be traveling outside the state of Ohio? Yes No
12. Have you ever had an IFTA license from a state other than Ohio? Yes No If yes, what state? _____
13. Do you have bulk fuel? Yes No If yes, in what state(s)? _____
14. How many sets (one set equals two decals) of decals are you requesting for IFTA qualified vehicles? _____
15. Do you wish to have temporary authority faxed to you? Yes No

I hereby declare that this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I further agree to comply with reporting, payment, record-keeping and license display requirements as specified in the International Fuel Tax Agreement. I authorize the state of Ohio to withhold any refund or tax overpayment if delinquent taxes are due any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions.

16. _____
Signature Date

Options to submit this application: Electronically: tax.ohio.gov – Contact Us - Online Notice Response Service or gateway.ohio.gov – Online Notice Response Service (use Form Name: Application - IFTA Only);
Email – IFTA@tax.state.oh.us; **eFax** – 206-984-4145;
Mail: Ohio Department of Taxation, Excise & Energy Tax Division, P.O. Box 530, Columbus, OH 43216-0530

Application for International Fuel Tax Agreement (IFTA) License Instructions

Special Instructions: Please print or type when completing form.

1. Indicate the reason for the application by checking the appropriate box.
2. Enter your federal employer identification number (FEIN). If you are a sole owner enter your Social Security number.*
- 2a. Indicate the business structure of the entity applying for the IFTA license.
3. Enter the legal name of the entity or person applying for the license. If you are not a sole owner, the legal business name must match the name registered with the Ohio Secretary of State.
4. Enter the name that your company will be using to conduct business (if applicable).
5. Enter the physical address of the business. **Do not use a P.O. Box for the physical address.**
- 5a. Enter the Ohio county where the physical address is located.
6. Enter the mailing address of the business, if different than the physical address.
7. If you are a corporation, LLC, LLP, LP, or partnership, enter the last and first names of the officers/partners.
8. Enter the name of the primary contact person and an alternate contact person (if applicable) for the IFTA account.
9. Enter the business telephone number, fax number and cell number of the contact person. The fax number will be used to send the temporary authority, if requested on line 15.
10. If you are registered with the Federal Motor Carrier Safety Administration (FMCSA), enter the U.S. DOT number that has been assigned to you. If the U.S. DOT number on your application is listed under a different company's name, that company must provide written documentation authorizing you to use their U.S. DOT number.
11. Mark "Yes" if you will be traveling outside the state of Ohio. If you will not cross the Ohio border, mark "No."
12. Mark "Yes" if you have had an IFTA license from a state other than Ohio and list the state(s). If not, mark "No."
13. Mark "Yes" if you have bulk fuel tanks and list the state(s) where the tanks are located. If not, mark "No."
14. Enter the number of IFTA qualified vehicles for the account or the sets of decals you are requesting. One set (two decals) is required for each vehicle.
15. If you need IFTA authority immediately and cannot wait until the decals are mailed, mark "Yes." If you can wait the normal processing time (five to seven business days), mark "No."
16. Please sign and date the application. The application must be signed and dated in order to be processed.
17. Remit completed applications to the Department using one of the following methods:
Electronically: Using the Online Notice Response Service at gateway.ohio.gov or tax.ohio.gov
Email: IFTA@tax.state.oh.us
eFax: 206-984-4145

Please note: Acquiring the IFTA license and decals **does not** satisfy all of the necessary federal and state requirements for operating a motor vehicle on the roadways. Prior to operating your vehicle(s), it is the motor carrier's responsibility to know all rules and regulations concerning the International Registration Plan (IRP) and the United States Department of Transportation (USDOT). Failing to obtain the appropriate authority and display the appropriate credentials may subject you and/or your company to citations, penalties and/or fees.

* Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that your providing us your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.