

****Mail-in completed application****

Application Type <input type="checkbox"/> New <input type="checkbox"/> Re-Open	License Type (select all that apply) <input type="checkbox"/> International Registration Plan (IRP) <input type="checkbox"/> International Fuel Tax Agreement (IFTA)	Legal Status <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Other:	
Applicant/Company Name (first, middle, last, suffix)		Doing Business As (DBA)	
Physical Address		City	State Zip
Mailing Address (if different from above)		City	State Zip
Address Where Records Will Be Maintained (if different from physical)		City	State Zip
Business Phone		Business Email Address	
If you do not have a Federal Employer Identification Number (EIN) under A.R.S §44-1373 you must provide your Social Security Number (SSN) for identification and tax law compliance.		Tax ID Number & Type <input type="checkbox"/> EIN <input type="checkbox"/> SSN	
		USDOT Number	MC Operating Authority Number

Select **one** option that qualifies you to base the IFTA/IRP in Arizona. Reference the IRP Plan for further details.

☐ **Established Place of Business** – Provide copies of a deed or lease to verify the business is physically located in Arizona and staffed during regular business hours for trucking-related business.

☐ **Residency** – You must provide copies of at least, **three** of the following that are current and reflect the declared physical address:

- Arizona driver license
- Arizona personal vehicle registration
- Federal or state tax filings for most recent year
- Real estate or property tax assessment
- Utility bill showing the service address
- Property rental, lease or mortgage statement

List Owner, Partner, Officer or Director **AND** select one primary contact. If more space is needed, attach separate listing.

Applicant Name (first, middle, last, suffix) <input type="checkbox"/> Primary Contact	Title		
Residence Address	City	State	Zip
Contact Phone	Email Address		
Applicant Name <input type="checkbox"/> Primary Contact	Title		
Residence Address	City	State	Zip
Contact Phone	Email Address		
Applicant Name <input type="checkbox"/> Primary Contact	Title		
Residence Address	City	State	Zip
Contact Phone	Email Address		

Designated Contacts (If applicable)

Agent/Record Keeper Name	Email Address	Contact Phone	
Mailing Address	City	State	Zip

Out of state corporations only:
Statutory agent is required as designated in the Articles of Incorporation (**must** be an Arizona resident).

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

The Administrator manages the Organization's AZ MVD Now account to: reset passwords, add/delete representatives, and all other account edits. All Representatives will have access to handle monetary transactions including disbursement requests.

Organization Administrator Information

Organization Administrator Name (printed first, middle, last, suffix)	
Contact Phone	Email Address

I acknowledge that by adding the Designated Administrator below, the individual(s) will have the authority to add, edit and delete payment details and will have the ability to process transactions in the organization's AZ MVD Now account.

Designated Administrator Information

This section **must** be completed by an owner, partner or designated agent of the organization.

Designated Administrator Name (printed first, middle, last, suffix)	
Contact Phone	Business Email Address
Designated Administrator Name	
Contact Phone	Business Email Address

Complete each question **only if applicable** to any applicants on this application.

Have you ever held an IFTA License or IRP Registration?			
Applicant Name	Account Name	IRP/IFTA Account Number	State
Have you ever held an IFTA License or IRP Registration denied or revoked?			
Applicant Name	Account Name	IRP/IFTA Account Number	State
Have you ever conducted business under another business name?			
Other Business Names			State
Have you ever filed for bankruptcy?			
Applicant Name	Case Number	Filing Date	State

Do you lease vehicles **to** or **from** others? If yes, provide the IRP/IFTA Lease Agreement Certificate with this application.

IRP Applicants Only

Indicate the base jurisdiction where your vehicles were registered last year.	Base Jurisdiction or IRP Account Number
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IFTA Applicants Only

Number of IFTA Qualified Vehicles	Two decals per vehicle are provided.
Which fuel types will you file quarterly: <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	
Do you withdraw fuel from bulk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bulk Storage Location
Do you haul petroleum products? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I agree to comply with the provisions of the International Registration Plan and/or International Fuel Tax Agreement. I further agree that the Motor Vehicle Division may withhold any refunds due or cancel any license or registration, if I am delinquent on payment of fuel taxes. I certify that the information contained on this application is true and accurate to the best of my knowledge. (If partnership; must be signed by all partners. If corporation; must be signed by one corporate officer.)

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