



96-0424 R10/16 azdot.gov

Mail Drop 527M  
Motor Carrier Services  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100  
[mvdmcsc@azdot.gov](mailto:mvdmcsc@azdot.gov)

## IFTA LICENSE RENEWAL APPLICATION

**This application is for renewals only.**

MVD Account Number		IFTA Account Number <b>AZ</b>	
Company Name		Doing Business As (DBA)	
Business Phone ( )			

### E-Mail Designation

IFTA Designee E-Mail Address	
Number of IFTA Qualified Vehicles *	

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 the \$10.00 filing fee. Do not include any other payments on the check. Make check payable to Motor Vehicle Division, and include the 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.**

Authorized Person Name	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:

## Address Change Request

Your credentials will be sent to the address on record. If your mailing and/or business address have changed within the last 6 months complete this section.

**NOTE: If you have any additional changes, please complete the IFTA Account Changes Application, form # [96-0430](#).**

### Mailing Address

Previous Mailing Address	City	State	Zip
New Mailing Address	City	State	Zip

### Business Physical Address (verification document must be included with this application)

Verification of the business physical location in Arizona is required when requesting an address change for the business location. Include a current copy of **one** of the following acceptable documents where the applicant name is the same on this application.

- Real estate ownership document
- Real estate lease agreement
- Rent or mortgage payment receipt
- Utility bill
- IRS Form 2290
- Copy of your Articles of Incorporation

Previous Physical Address	City	State	Zip
New Physical Address	City	State	Zip

Applicant Name	Applicant Signature	Date
----------------	---------------------	------