

**Motor Vehicle Division**

96-0430 R04/23 azdot.gov

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

**IFTA / IRP ACCOUNT  
CHANGES APPLICATION****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 IFTA DECALS REQUESTED		
Application Type (Check all that apply): <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"/> USDOT Change <input type="checkbox"/> Additional or Replacement Decals* <input type="checkbox"/> Bond Review <input type="checkbox"/> Close IFTA Account <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)					
<input type="checkbox"/> Place of Business <input type="checkbox"/> Place of Residence			City	State	Zip
Physical Address					
Mailing Address (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, include proof of current registration of qualified vehicle(s).

\*\* If you do not have a Federal Employer Identification Number (EIN), you are required by A.R.S. § 44-1373 to provide your Social Security Number. It will be used to verify your identity and to comply with taxpayer enforcement laws.

\*\*\* Requires proof of address, go to [azdot.gov](http://azdot.gov) for full list of acceptable documents.

**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 Address	State	
Residence Address	City	State	Zip	Contact Phone ( )
Applicant Name	Title	E-Mail Address	State	
Residence Address	City	State	Zip	Contact Phone ( )
Applicant Name	Title	E-Mail Address	State	
Residence Address	City	State	Zip	Contact Phone ( )

I am an owner, partner or designated agent of the organization listed above. I understand by listing the individual below I will be granting the ability to add, edit, and delete credit card and/or bank information that will be utilized for payment for the services conducted in the Organization Suite. The designated representative will also have the ability to process services on the organization's AZ MVD Now account.

#### Designated Administrator Information

Administrator Name (Printed First and Last Name)	
Administrator Phone Number ( )	Administrator Business Email Address
Administrator Name (Printed First and Last Name)	
Administrator Phone Number ( )	Administrator Business Email Address
Administrator Name (Printed First and Last Name)	Administrator Business Email Address

The Organization Administrator's responsibilities are resetting passwords for any representatives in the account and adding, editing, and deactivating any other Organization Representatives. All Organization Representatives on the account will have access to handle monetary transactions placed on the account, including disbursement requests.

#### Organization Administrator Information

Administrator Name (Printed First and Last Name)	
Phone Number ( )	Email Address

#### 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 Services 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 Reviewed	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
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