



State of Rhode Island

Division of Taxation
One Capitol Hill
Providence, RI 02908-5800

International Fuel Tax Agreement (IFTA) License Application



Registration Period 1/1/2006 through 12/31/2006

Type or Print			
Federal Employer Identification # or Social Security #		Business telephone #	
Legal name			
Business name (if different from above)			
Physical address	City	State	Zip Code
Mailing Address (include apt., office or unit #, if any)	City	State	Zip Code
Provide a name and telephone number to contact, if additional information is needed, regarding IFTA Quarterly Tax reporting.		Name	
		()	
		Telephone number	
Date you began or will begin IFTA in Rhode Island		Were you previously registered in IFTA with another jurisdiction? If yes, where?	
Type of business			
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____			

Names, titles, social security numbers and residence addresses of principal officers of corporation or of members, partners, owners, etc.				
Name	Title	Social Security #	Number & Street	City or Town, State, Zip Code

Decal Order and Application Fee	
<p>One who is applying for Fuel Use Tax registration for the first time will be required to pay both a ten dollar (\$10.00) IFTA License Application fee and a 2006 IFTA decal fee of ten dollars (\$10.00) per vehicle.</p>	
<p>Indicate the number of IFTA vehicles on this line _____ You will be issued two IFTA decals for each vehicle.</p>	
License fee \$	_____
Decal fee \$	_____
<p>Number of IFTA vehicles X \$10.00 per vehicle</p>	
Total Due \$	_____

Remit fees with application.
 Make check payable to: *Rhode Island Division of Taxation.*
 Complete items on reverse and be sure to sign this application.

Indicate type of fuel used (Check all that apply)

Diesel Gasoline Propane Natural gas Ethanol/Gasohol

Indicate with an "X" the jurisdictions in which you are operating and also those in which you maintain bulk fuel storage locations. (OP=Operate; BK=Bulk Fuel).

OP	BK	Jurisdiction	OP	BK	Jurisdiction	OP	BK	Jurisdiction	OP	BK	Jurisdiction
		AL Alabama			LA Louisiana			OH Ohio	CANADIAN PROVINCES		
		AK Alaska			ME Maine			OK Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	AB Alberta
		AZ Arizona			MD Maryland			OR Oregon	<input type="checkbox"/>	<input type="checkbox"/>	BC British Columbia
		AR Arkansas			MA Massachusetts			PA Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	MB Manitoba
		CA California			MI Michigan			RI Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>	NB New Brunswick
		CO Colorado			MN Minnesota			SC South Carolina	<input type="checkbox"/>	<input type="checkbox"/>	NF New Foundland
		CT Connecticut			MS Mississippi			SD South Dakota	<input type="checkbox"/>	<input type="checkbox"/>	NW Northwest Territory
		DE Delaware			MO Missouri			TN Tennessee	<input type="checkbox"/>	<input type="checkbox"/>	NS Nova Scotia
		DC Dist. Columbia			MT Montana			TX Texas	<input type="checkbox"/>	<input type="checkbox"/>	ON Ontario
		FL Florida			NE Nebraska			VA Virginia	<input type="checkbox"/>	<input type="checkbox"/>	PE Prince Edward Island
		GA Georgia			NV Nevada			WA Washington	<input type="checkbox"/>	<input type="checkbox"/>	QC Quebec
		ID Idaho			NH New Hampshire			WV West Virginia	<input type="checkbox"/>	<input type="checkbox"/>	SK Saskatchewan
		IL Illinois			NJ New Jersey			WI Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>	YU Yukon Territory
		IN Indiana			NM New Mexico			WY Wyoming			
		IA Iowa			NY New York			UT Utah			
		KS Kansas			NC North Carolina			VT Vermont			
		KY Kentucky			ND North Dakota						

Sign this application

CERTIFICATION-

The applicant agrees to comply with reporting, payment, recordkeeping and display requirements as specified in the International Fuel Tax Agreement. The applicant authorizes the State of Rhode Island to withhold any refund of fuel use 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.

The applicant agrees, under penalty of perjury, that the information is, to the best of his/her knowledge, true, accurate, and complete.

Type or print authorized signature

Title

Applicant Signature

Date

Return to: **Rhode Island Division of Taxation**
Excise Tax Section
One Capitol Hill
Providence, RI 02908-5800