



**Motor Vehicle Division**

70-0508 R04/23 azdot.gov

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

**IFTA/IRP APPLICATION**

This application is for new accounts only

		Tax ID Number (TIN)	TIN Type <input type="checkbox"/> EIN <input type="checkbox"/> SSN	
MVD Account Number	USDOT Number	MC Operating Authority #		
License Type (check all that apply) <input type="checkbox"/> International Registration Plan (IRP) <input type="checkbox"/> International Fuel Tax Agreement (IFTA)				
Application Type <input type="checkbox"/> New (\$10 filing fee – IFTA only) <input type="checkbox"/> Re-Open (\$10 filing fee- IFTA Only) <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			Business Phone ( )	
Doing Business As (DBA)		Business E-Mail Address		
<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

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

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

If more space is needed, attach separate listing.

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 Phone Number ( )	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

Yes  No Has any applicant on this application ever been an owner, partner or officer of another entity in any state that has held or now holds an IFTA License or IRP Registration? If yes, list below.

Applicant Name	Account Name	IRP/IFTA Account Number	State
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Yes  No Has any applicant on this application ever been an owner, partner or officer of another entity that has had an IFTA License or IRP Registration denied or revoked? If yes, list below.

Applicant Name	Account Name	IRP/IFTA Account Number	State
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Yes  No Has any applicant on this application ever conducted business under another business name? If yes, list below.

Other Business Names	State
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Yes  No Has any applicant on this application ever filed for bankruptcy? If yes, list below.

Name	Filing Date	State	Case Number
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**IRP Applicants Only**

Indicate the base jurisdiction where your vehicles were registered in the preceding year?

Base Jurisdiction and IRP Account Number
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**IFTA Applicants Only**

Number of AZ IFTA Qualified Vehicles
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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 lease vehicles <b>to</b> others?	Lessee Name
<input type="checkbox"/> Yes <input type="checkbox"/> No   Do you lease vehicles <b>from</b> others?	Lessor Name

Column **A**—Check all jurisdictions where you will be traveling. Column **B**—Check all where you operate bulk fuel storage facilities.

<b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/>	<b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/>	<b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/>	<b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/>	<b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/>	<b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/>
<input type="checkbox"/> Alabama	<input type="checkbox"/> Illinois	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Texas	<input type="checkbox"/> Alberta
<input type="checkbox"/> Arizona	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Utah	<input type="checkbox"/> British Columbia
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Vermont	<input type="checkbox"/> Manitoba
<input type="checkbox"/> California	<input type="checkbox"/> Kansas	<input type="checkbox"/> Montana	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Virginia	<input type="checkbox"/> New Brunswick
<input type="checkbox"/> Colorado	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Oregon	<input type="checkbox"/> Washington	<input type="checkbox"/> Newfoundland
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Nova Scotia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Maine	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Ontario
<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming	<input type="checkbox"/> Prince Edward Isle
<input type="checkbox"/> Georgia	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota	<input type="checkbox"/> _____	<input type="checkbox"/> Quebec
<input type="checkbox"/> Idaho	<input type="checkbox"/> Michigan	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee	<input type="checkbox"/> _____	<input type="checkbox"/> Saskatchewan

**All Applicants**

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, accurate and complete, 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

**MVD Use**

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