



Motor Vehicle Division

70-0508 R06/24 azdot.gov

Mail Drop 527M
Motor Carrier Services
PO Box 2100
Phoenix AZ 85001-2100
mvdmcsc@azdot.gov

IFTA/IRP APPLICATION

This application is for new accounts only

Form with fields: Tax ID Number (TIN), TIN Type (EIN/SSN), MVD Account Number, USDOT Number, MC Operating Authority #, License Type (IRP/IFTA), Application Type (New/Re-Open/Other), Legal Status (Individual/Partnership/Corporation/Government/LLC/Other), Company Name, Business Phone, Doing Business As (DBA), Business Email Address, Physical Address, Mailing Address, Address Where Records Will Be Maintained.

*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.

Form with fields: Primary Contact Person Name (Owner or Designee), Title, E-mail Address, Contact Phone

Designated Contacts (If Applicable)

Table with 3 columns: Name, Email Address, Contact Phone. Rows for ATP Company Name, Agent Name, Record Keeper Name.

Statutory agent (for out of state corporations only) as designated in the Articles of Incorporation (must be an Arizona resident)

Form with fields: Statutory Agent Name, Street Address, City, State, Zip, Mailing Address (if different from above)

Applicants: Owner, Partner, Officer or Director (if more space is needed, attach separate listing)

Applicant Name (first, middle, last, suffix)	Title		Email Address	
Residence Address	City	State	Zip	Home Phone
Applicant Name	Title		Email Address	
Residence Address	City	State	Zip	Home Phone
Applicant Name	Title		Email Address	
Residence Address	City	State	Zip	Home Phone
Applicant Name	Title		Email 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
----------------	--------------	-------------------------	-------

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
----------------	--------------	-------------------------	-------

Yes No Has any applicant on this application ever conducted business under another business name? If yes, list below.

Other Business Names	State
----------------------	-------

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

Name	Filing Date	State	Case Number
------	-------------	-------	-------------

IRP Applicants Only

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

Base Jurisdiction and IRP Account Number
--

IFTA Applicants Only

Number of AZ IFTA Qualified Vehicles

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 to others?	Lessee Name
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you lease vehicles from others?	Lessor Name

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

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