



**pennsylvania**

DEPARTMENT OF REVENUE

BUREAU OF MOTOR AND  
ALTERNATIVE FUEL TAXES  
PO BOX 280646  
HARRISBURG PA 17128-0646

## New Account Application for Motor Carrier Road Tax/IFTA Decals

**BUREAU USE ONLY**

### SECTION A.

### APPLICANT INFORMATION

Legal Name (Individual applicants should provide full legal name.)		FEIN (If unavailable, Social Security Number)	
Trade Name or DBA if different from Legal Name		US DOT Number	
Contact Person Name	Telephone Number	Fax Number	
Contact Person Title	Contact Person Email Address		

### SECTION B.

### ADDRESS INFORMATION

Physical Street Address (PO BOX is not acceptable)			Telephone Number	
County	City	State	ZIP Code	
Mailing Address (if different from above)			Telephone Number	
County	City	State	ZIP Code	

### SECTION C.

### TAX REPORTING SERVICE

Company Name		Contact Person	Contact Person Title	
Address			Telephone Number	
County	City	State	ZIP Code	

### SECTION D.

### EXEMPTIONS

**Are you requesting IFTA decals for vehicles registered as any of the following? If yes, please include form IFTA-200W with this application.**

A qualified motor vehicle bearing a Pennsylvania farm vehicle registration plate and operated in accordance with the restrictions of Title 75 Pa.C.S. § 1344 (relating to use of farm vehicle plates)	<input type="checkbox"/> Yes <input type="checkbox"/> No
A qualified motor vehicle exempt from registration as a farm vehicle and operated in accordance with the restrictions of Title 75 Pa.C.S. § 1302(10)	<input type="checkbox"/> Yes <input type="checkbox"/> No
An emergency vehicle as defined by Title 75 Pa.C.S. § 102 (relating to definitions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
A vehicle operated by the commonwealth, its political subdivisions, the federal government or its agencies, any foreign country, or any state or political subdivision that grants similar exceptions to publicly owned vehicles registered in this commonwealth	<input type="checkbox"/> Yes <input type="checkbox"/> No
A school bus	<input type="checkbox"/> Yes <input type="checkbox"/> No
A motorbus owned by and registered to a church	<input type="checkbox"/> Yes <input type="checkbox"/> No
An implement of husbandry or commercial implement of husbandry as defined by Title 75 Pa.C.S. § 102 (relating to definitions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special mobile equipment as defined by Title 75 Pa.C.S. § 102 (relating to definitions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION E.

### DECALS

Complete the following for each qualified motor vehicle you intend to operate.

**Decal year requested:**

Indicate decal year requested \_\_\_\_\_

**IFTA Decals:**

Number of vehicles that travel in PA and out-of-state \_\_\_\_\_

**PA MCRT Decals:**

Number of vehicles that travel in PA exclusively \_\_\_\_\_

**Total Decals requested:**

Add IFTA and PA MCRT decals requested \_\_\_\_\_

**Total Due:**

Multiply total decals requested by \$12      **x \$12/set = \$** \_\_\_\_\_

Mail this request and your check or money order to:

**PA DEPARTMENT OF REVENUE  
BUREAU OF MOTOR AND ALTERNATIVE FUEL TAXES  
PO BOX 280646  
HARRISBURG PA 17128-0646**

Check or money orders payable to PA Department of Revenue.  
DO NOT send cash.

**SECTION F. BUSINESS ORGANIZATION INFORMATION**

Check the box that describes the organization of your business.

- Corporation       Partnership       Sole Proprietorship       Limited Liability Company       Limited Partnership

Provide the information requested below of all individual owners and elected officers constituting the ownership, partnership, association or corporation. Attach additional pages if needed.

Name	Title	SSN	
Home Address	City	State	ZIP Code
Name	Title	SSN	
Home Address	City	State	ZIP Code

Name, title, telephone and email address of persons (other than individual owners, partners or elected officers of the partnership, association, or corporation) who are authorized by any individual listed above, or by power of attorney, to sign and/or discuss with the department any information related to IFTA reports.

Name	Title	Email Address	Telephone Number
Name	Title	Email Address	Telephone Number
Name	Title	Email Address	Telephone Number

**SECTION G. BULK STORAGE**

Do you maintain bulk fuel storage for highway use?       Yes       No

If yes, indicate the fuel type and the jurisdiction where the bulk fuel is stored.

FUEL TYPE	JURISDICTION	FUEL TYPE	JURISDICTION
FUEL TYPE	JURISDICTION	FUEL TYPE	JURISDICTION
FUEL TYPE	JURISDICTION	FUEL TYPE	JURISDICTION

**SECTION H. MISCELLANEOUS**

Have you ever been issued decals in another jurisdiction?       Yes       No

*If yes, specify jurisdiction?* \_\_\_\_\_ *Is the license currently suspended or revoked?*       Yes       No

Do you currently operate any dual-fuel qualified motor vehicles?       Yes       No      *If yes, how many?* \_\_\_\_\_

Check the applicable box(es) to indicate the type of product you will be using:

- Diesel       Gasoline/Gasohol       LNG       LP Gas       CNG      Other \_\_\_\_\_

Identify the type of vehicle operation by checking the appropriate block:

- Common Carrier       Contract Carrier       Carrier For Hire       Private Carrier

**SECTION I. CERTIFICATION**

**ALL APPLICANTS MUST COMPLETE THIS SECTION**

Applicant purchasing International Fuel Tax Agreement (IFTA) decals agrees to comply with tax reporting, payment, recordkeeping, and license display requirements as specified in the motor carrier road tax (MCRT) statutes and/or the International Fuel Tax Agreement. Applicant further agrees that Pennsylvania may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member jurisdictions.

Applicant purchasing PA MCRT decals attests that all travel by its qualified motor vehicles is within Pennsylvania, except operations conducted under a valid fuel trip permit, and that all fuel used in such operations is Pennsylvania tax-paid fuel.

Applicant further agrees, under penalty of perjury, that the information provided on this application, to the best of his/her knowledge, is true, accurate and complete. This form must be signed by an owner, partner or corporate officer named on this application or by an authorized agent. If signed by an authorized agent, a properly completed Power of Attorney and Declaration of Representative (REV-677) must be attached to this application.

Name	Signature	Title	Date
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