

**IFTA-200A**

PA DEPARTMENT OF REVENUE  
 PO BOX 280646  
 HARRISBURG PA 17128-0646

**NEW ACCOUNT APPLICATION  
 FOR MOTOR CARRIER ROAD  
 TAX/IFTA DECALS**

**OFFICIAL USE ONLY**

**SECTION I APPLICANT INFORMATION**

Legal Name (For individual applicants give your full legal name)		FEIN	
Trade Name or DBA (if different from Legal Name)		SSN (sole proprietor's if FEIN does not exist)	
Contact Person Name	Contact Person Title	Business Telephone Number	
Contact Person Email Address		Cellular Telephone Number	Fax Number

**SECTION II ADDRESS INFORMATION**

Physical Street Address (PO Box is not acceptable)

County	City	State	ZIP Code
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Mailing Address (if different from above)

County	City	State	ZIP Code
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**SECTION III BUSINESS ORGANIZATION INFORMATION**

Fill in the oval that describes the organization of your business.

Sole Proprietor   
  Partnership   
  Limited Liability Partnership   
  Other \_\_\_\_\_  
 Corporation   
  Limited Partnership   
  Limited Liability Company

If incorporated, provide date and state of incorporation      Date \_\_\_\_\_ State \_\_\_\_\_

If an out-of-state corporation, provide date of Foreign Registration Statement      Date \_\_\_\_\_

Provide your USDOT and NAICS code      USDOT \_\_\_\_\_ NAICS \_\_\_\_\_

Name, title, Social Security number, FEIN or ITIN and home address of the individual applicant if different from Section I, Applicant Information, above or, in the case of a partnership or limited liability company, each individual partner or member owning 50 percent or more equity in the entity and, in the case of a corporation, the President, Secretary and Treasurer. If a partnership or limited liability company has no individual partners or members or no partner or member owning 50 percent or more equity in the entity, please list the name, title, Social Security number, FEIN or ITIN and home address of an individual responsible for the partnership or limited liability company's remittance obligations. The FEIN in Section I, Applicant Information, may not be used below. Attach a separate sheet if more space is required.

Name	Title	SSN/FEIN/ITIN	
Home Address	City	State	ZIP Code
Name	Title	SSN/FEIN/ITIN	
Home Address	City	State	ZIP Code
Name	Title	SSN/FEIN/ITIN	
Home Address	City	State	ZIP Code



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**SECTION III BUSINESS ORGANIZATION INFORMATION (continued)**

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. Attach a separate sheet if more space is required.

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

**SECTION IV TAX REPORTING SERVICE**

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

**SECTION V 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 section 1344 (relating to use of farm vehicle plates) or a qualified motor vehicle  Yes  No
- A qualified motor vehicle exempt from registration as a farm vehicle and operated in accordance with the restrictions of section 1302(10)  Yes  No
- An emergency vehicle as defined by section 102 (relating to definitions)  Yes  No
- Operated by the commonwealth, its political subdivisions, the Federal Government or its agencies, or any foreign country, or any state or political subdivision which grants similar exemptions to publicly owned vehicles registered in this commonwealth  Yes  No
- A school bus  Yes  No
- A motorbus owned by and registered to a church  Yes  No
- An implement of husbandry or commercial implement of husbandry as defined by section 102 (relating to definitions)  Yes  No
- Special mobile equipment as defined by section 102 (relating to definitions)  Yes  No

**SECTION VI 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**  
**PO BOX 280646**  
**HARRISBURG PA 17128-0646**

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



**SECTION VII 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 VIII 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? \_\_\_\_\_

Fill in the applicable oval(s) to indicate the type of product you will be using:

Diesel  Gasoline/Gasohol  LNG  Propane/LPG  CNG  Other \_\_\_\_\_

Identify the type of vehicle operation by filling in the appropriate oval:

Common Carrier  Contract Carrier  For Hire Carrier  Private Carrier

**SECTION IX CERTIFICATION**

**ALL APPLICANTS MUST COMPLETE THIS SECTION**

Applicant purchasing 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

