

**APPLICATION FOR ADDITIONAL
 MOTOR CARRIER ROAD
 TAX/IFTA DECALS**

Cannot be used to purchase new account or renewal decals.

SECTION I APPLICANT INFORMATION

Business Name (For individual applicants give your full legal name)	Account Number
---	----------------

SECTION II ADDRESS INFORMATION

Mailing Address (check if change of address is being requested) <input type="checkbox"/>			Phone Number
City	County	State	ZIP Code

SECTION III 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) YES 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) YES NO
- An emergency vehicle as defined by Title 75 Pa.C.S. § 102 (relating to definitions) YES 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 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 Title 75 Pa.C.S. § 102 (relating to definitions) . YES NO
- Special mobile equipment as defined by Title 75 Pa.C.S. § 102 (relating to definitions) YES NO

SECTION IV DECALS

Complete the following for additional decals.

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 _____

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 V MISCELLANEOUS INFORMATION

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 _____

SECTION VI 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 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 (please print)	Signature	Title	Date