

MF-100  
Revised 06/06

# International Fuel Tax Agreement (IFTA) Application

South Dakota Department of Revenue & Regulation

445 E. Capitol Avenue | Pierre, SD 57501-3185 | 605-773-5335

**FOR OFFICE  
USE ONLY:**

License Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Prorate Account Number \_\_\_\_\_

US DOT Number \_\_\_\_\_

Decal Numbers Issued \_\_\_\_\_

Amount Required \_\_\_\_\_

Paid By: CASH or CHECK Check # \_\_\_\_\_

Date Decals Mailed \_\_\_\_\_

## TAXPAYER BUSINESS INFORMATION

INSTRUCTIONS: All of the following information MUST be completed for all license applicants. A Post Office box number is not an acceptable address for your physical location; you must furnish a street address or rural route number. The information below applies to the license applicant only. Reporting services should not complete any of their own information in this area.

Owner, Partner or Corporation Name

Federal Employer's ID Number

Doing Business As Name (DBA), if different from above

Street Address (PHYSICAL LOCATION)

City

State

Zip Code

Mailing Address (IF DIFFERENT THAN PHYSICAL ADDRESS)

City

State

Zip Code

Business Telephone

Cell Phone

Fax Number

Email Address (IF APPLICABLE)

Date that you intend to begin operation?

Do you hold or have you held an IFTA license in another jurisdiction?

If yes, please indicate the jurisdiction last licensed under and the license number

Fuel Types (PLEASE CIRCLE TYPES YOUR QUALIFIED VEHICLES OPERATE ON)

Diesel Gasoline LPG CNG Gasohol Other

Do you have bulk storage?

Yes \_\_\_\_\_ No \_\_\_\_\_

## DECAL INFORMATION

You require \_\_\_\_\_ set(s) of decals at \$.50 per set = \$\_\_\_\_\_ total remittance. Payment must be made in US currency payable to the State Treasurer and included with this application. Applications remitted without payment cannot be processed.

If you wish to utilize a reporting service or accounting firm to complete your tax returns or any other licensing paperwork, a completed Department of Revenue & Regulation Power of Attorney Form must accompany this application. Please indicate the name of the reporting service or firm \_\_\_\_\_

## TYPE OF OWNERSHIP

Single Owner \_\_\_\_\_

Informal Partnership (Verbal agreement between partners) \_\_\_\_\_

Formal Partnership (Written agreement between partners) \_\_\_\_\_

Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

If not incorporated in South Dakota, indicate date of registration with the South Dakota Secretary of State \_\_\_\_\_

Limited Liability Company \_\_\_\_\_

Trust \_\_\_\_\_

Other (please list) \_\_\_\_\_

# International Fuel Tax Agreement (IFTA) Application (PAGE 2)

## OWNERSHIP INFORMATION

All applicants must complete this section. Failure to provide information below is grounds for denial of licensing. List names of all owners, partners, or principal officers. Home addresses and phone numbers must be supplied along with each individual's Social Security Number. Attach an additional sheet if necessary.

Name		Title
Personal Address		
City	State	Zip Code
Social Security Number		Home Telephone

Signature

Name		Title
Personal Address		
City	State	Zip Code
Social Security Number		Home Telephone

Signature

Name		Title
Personal Address		
City	State	Zip Code
Social Security Number		Home Telephone

Signature

(As provided in Section 7 (b) of the Federal Privacy Act of 1974, Public Law 93-579, you are informed that the Social Security number is a mandatory request and requirement pursuant to 10-47B and that it will be used as an Identification number for file control and record keeping purposes and for possible cross-checking with the Internal Revenue Service.)

## IFTA APPLICANT CERTIFICATION AND SIGNATURE

The applicant agrees to comply with reporting/payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that South Dakota may withhold any refunds due if the applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the license in all member jurisdictions.

NOTE: This application must be signed and dated by an owner, partner, corporate officer, or authorized representative. If signed by an authorized representative an executed Power of Attorney must accompany this application.

Under penalty of perjury I hereby certify that the statements contained herein are true and correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Completed applications must be mailed to:  
DEPARTMENT OF REVENUE AND REGULATION  
IFTA  
445 EAST CAPITOL AVE  
PIERRE, SD 57501-3185  
(605) 773-5335