

CT-IFTA-2

Application For International Fuel Tax Agreement (IFTA) License Connecticut Carrier

Calendar Year 2008

(Rev. 05/07)

If registered, enter Connecticut Tax Registration Number

Check if your mailing address has changed and indicate new address.

Complete this form in black or blue ink only. Please read all instructions on back before completing.

1. Reason for Applying <input type="checkbox"/> New Account <input type="checkbox"/> Registration of Additional Vehicles <input type="checkbox"/> Other (Please explain.)		
2. Owner's Name, Partnership Name, Corporate Name, or LLC Name		Federal Employer ID Number (FEIN)
3. Trade Name or Registered Name (if different from Line 2)		Social Security Number (SSN)
4. Physical Location of This Business (PO Box is not acceptable.)	ZIP Plus 4	Telephone Number ()
5. Business Mailing Address (if different from Line 4)	ZIP plus 4	United States DOT Number
6. Name and Home Address of Owner, Partner, Corporate Officer, or LLC Member	Zip Plus 4	Social Security Number
7. Name and Home Address of Owner, Partner, Corporate Officer, or LLC Member	Zip Plus 4	Social Security Number
8. Type of Ownership (If Other , attach explanation.) <input type="checkbox"/> Other <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Single Member LLC <input type="checkbox"/> Check if taxed as a corporation. <input type="checkbox"/> Check if taxed as a corporation.		8a. Organized under laws of what state?
9. Are you currently or have you been registered with another jurisdiction under the International Fuel Tax Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , enter the name of the jurisdiction.		
10. Describe in detail the type of business you operate.		
11. Do you store fuel in bulk? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , Where is the fuel stored? _____		
11a. Types of fuel used _____ Diesel _____ Gasoline _____ Ethanol _____ Propane _____ Natural Gas _____ A-55 _____ E-55 _____ M-85 _____ Gasohol _____ LNG _____ Methanol		

12. List lessors who lease vehicles to you. (Attach additional sheets if needed.)	
Name	Address

13. Enter (X) for the jurisdictions in which you operate or anticipate operating:

___ AL - Alabama	___ IA - Iowa	___ NE - Nebraska	___ RI - Rhode Island	___ AB - Alberta
___ AZ - Arizona	___ KS - Kansas	___ NV - Nevada	___ SC - South Carolina	___ BC - British Columbia
___ AR - Arkansas	___ KY - Kentucky	___ NH - New Hampshire	___ SD - South Dakota	___ NB - New Brunswick
___ CA - California	___ LA - Louisiana	___ NJ - New Jersey	___ TN - Tennessee	___ MB - Manitoba
___ CO - Colorado	___ ME - Maine	___ NM - New Mexico	___ TX - Texas	___ ON - Ontario
___ CT - Connecticut	___ MD - Maryland	___ NY - New York	___ UT - Utah	___ QC - Quebec
___ DE - Delaware	___ MA - Massachusetts	___ NC - North Carolina	___ VA - Virginia	___ SK - Saskatchewan
___ FL - Florida	___ MI - Michigan	___ ND - North Dakota	___ VT - Vermont	___ NL - Newfoundland
___ GA - Georgia	___ MN - Minnesota	___ OH - Ohio	___ WA - Washington	___ NW - NW Territory
___ ID - Idaho	___ MS - Mississippi	___ OK - Oklahoma	___ WV - West Virginia	___ NS - Nova Scotia
___ IL - Illinois	___ MO - Missouri	___ OR - Oregon	___ WI - Wisconsin	___ PE - Prince Edward Isle
___ IN - Indiana	___ MT - Montana	___ PA - Pennsylvania	___ WY - Wyoming	___ YU - Yukon Territory
				___ DC - District of Columbia

Fees: All applicants must complete this section.	14. Enter total number of qualified vehicles to be registered.	Number of Qualified Vehicles	Fee	Amount Due
		▶	X \$10 =	▶

Make check or money order payable to: **Commissioner of Revenue Services**

Declaration: I declare under the penalty of false statement that I have examined this application, **CT-IFTA-2**, and to the best of my knowledge and belief it is true, complete, and correct. The applicant agrees to comply with reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that base jurisdiction may withhold any refunds due if the applicant is delinquent in paying fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license. I understand that IFTA decals may not be transferred by me to another person, or from one vehicle to another.

Authorized Signature _____ Title _____ Date _____

Decals are not transferable from vehicle to vehicle or from company to company.

Do not use this CT-IFTA-2 application to request Connecticut motor carrier road tax decals. For Connecticut motor carrier road tax decals, submit Form REG-3MC, *Application for Motor Carrier Road Tax*.

Qualified motor vehicles are those used, designed, or maintained for transportation of persons or property **and**:

1. Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms; **or**
2. Have three or more axles regardless of weight; **or**
3. Are used in combination, when the weight of such combination exceeds 26,000 pounds or 11,797 kilograms gross vehicle or registered gross vehicle weight.

The term qualified motor vehicle **does not include** recreational vehicles.

You may not transfer IFTA decals to another person or from one vehicle to another.

Instructions

1. Reason for applying: Indicate new account, registration of additional vehicles, or other reason (renewal, replacement decals, or change of ownership). If there has been a **change of identity or form of ownership or organization**, you must apply for a new CT-IFTA Number. Use Form CT-IFTA-2. If you are registered with the Connecticut Department of Revenue Services (DRS), enter your Connecticut Tax Registration Number in the upper right corner of this form.
2. Print the name of the owner, partnership, limited liability company (LLC), or corporate name. Enter proprietor's name if a sole proprietorship.
3. Print the trade or registered name if different from Line 2. A trade or registered name is **the name under which business is done**, but not necessarily the owner's name. Example: If John Travel is the proprietorship entered on Line 2, but John T. Trucker Co. is the name chosen by John Travel for his business, then John T. Trucker Co. is the name he would enter on Line 3.
4. Print the physical location of business. (PO boxes are not acceptable.) Indicate where business is actually located.
5. Print the mailing address of business if different from Line 4. Only complete this if different from the business address listed above.
6. Print the name and home address of proprietor, partner, LLC member, or corporate officer. Identify the proprietor if a sole proprietorship; partners if a partnership; or officers if a corporation.

7. Print the home address of partner, LLC member, or corporate officer.
8. Indicate the type of business and enter its FEIN. If it is a sole proprietorship with no employees and is not required to have a FEIN, enter the proprietor's SSN. If **Other**, attach an explanation.
- 8a. Enter the name of the state under the laws of which the business is organized.
9. Indicate whether you are currently or were previously registered with another jurisdiction for IFTA. If you checked **Yes** on Line 9, enter the name of the jurisdiction you are currently or were previously registered in for IFTA.
10. Describe in detail the type of business you operate.
11. Indicate if you store fuel in bulk and where it is stored.
- 11a. Types of fuel used: Enter an X to indicate the type(s) of fuel used in your qualified motor vehicles.
12. Enter the name(s) of the lessor(s) who lease vehicles to you. Attach a list if needed.
13. Enter an X indicating the jurisdictions in which you are likely to operate.
14. Indicate the number of IFTA qualified motor vehicles requiring decals. Two numbered decals will be issued for each qualified motor vehicle. One decal must be placed on the lower rear exterior of the passenger side cab door and the matching decal must be placed on the lower rear exterior of the driver side cab door of each vehicle.

This application must be signed by an owner, partner, corporate officer, or LLC member.

Failure to complete all items on this application may result in a delay in processing your application.

Make your check payable to: **Commissioner of Revenue Services**. DRS may submit your check to your bank electronically.

Return the completed application with full payment to:

Department of Revenue Services
Registration Section
PO Box 2937
Hartford CT 06104-2937

If you need assistance or additional information about applications or registering your vehicle(s), call the DRS Registration Section at **860-297-4870**, Monday through Friday, 8:30 a.m. to 4:30 p.m.