(Rev. 09/08)
GEORGIA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION/IFTA
P.O. BOX 161029
ATLANTA, GA 30321-1029
404-968-3800

Print Clear

0803504012

Please print or type

IFTA Motor Carrier Decal – REORDER FORM ONLY

1. State Taxpayer Identifier: _____
2. IFTA Account No. GA: _____
3. Legal Business Name: _____
4. Address: _____ 5. Telephone No. ( ) _____

   _____
6. Decal Year Requested: _____
7. Type Fuel: ☐ Diesel ☐ Gasoline ☐ LP ☐ Other _____
8. Number of Decal Sets: _____ X $**3.00** per set = $ _____

A. You must have a current year IFTA account in good standing with the State of Georgia in order for additional decals to be issued. **Any outstanding liability owed the State will block the issuance of decals**. If you are not currently registered, you may do so by completing CRF-IFTA form and forwarding it to the Motor Vehicle Division at the above address.

B. If you have been issued an IFTA account beginning and ending with 90 (Ga.900000000090) it indicates that your original application failed to provide the required Federal Employer Identifier (FEIN) or Social Security number. Additional decals cannot be issued until this missing information is supplied and a proper account is established.

My company's FEI number is: _____

Owner's Social Security number is: _____

Print Name: _____

Signature _____ Title _____ Date _____

Must be signed by owner, partner, or authorized officer of corporation. Stamped signature unacceptable.