



1303604018



CRF-IFTA (11/13)  
 GEORGIA DEPT. OF REVENUE  
 MOTOR VEHICLE DIVISION/IFTA  
 P.O. BOX 740382  
 ATLANTA, GA 30374-0382  
 1-855-406-5221

<https://gtc.dor.ga.gov>

**IFTA MOTOR CARRIER REGISTRATION APPLICATION**  
**(Please Read Instructions Before Completing)**

- NEW REGISTRATION  
 RENEWAL

FOR OFFICE USE ONLY	
<u>Rejects</u>	
Motor Fuel	_____
Sales Tax	_____
Corp	_____
Withholding	_____
MCIT	_____

1. STATE TAXPAYER IDENTIFIER:	
2. FEI OR SSN (Required)	
3. LEGAL BUSINESS NAME	
5. DBA NAME	4. LOCATION ADDRESS (Required)(NO P.O. BOX)
6. MAILING ADDRESS (Required)	

7. BUSINESS STRUCTURE:     CORPORATION     SUB-CHAPTER S CORPORATION     SOLE PROPRIETOR  
 PARTNERSHIP     LIMITED LIABILITY COMPANY     LIMITED LIABILITY PARTNERSHIP

8. US DOT NUMBER	9. YEAR FOR WHICH APPLICATION IS MADE
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10. HAVE YOU EVER BEEN LICENSED UNDER IFTA IN ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH STATE? _____	11. PHONE NUMBER <b>(REQUIRED)</b> Area Code _____
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12. IRP ACCOUNT NUMBER	13. LIST YOUR GROSS VEHICLE WEIGHT (GVW)
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14. LEASED VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	15. DO YOU TRAVEL OUTSIDE GEORGIA? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**MOTOR CARRIER IDENTIFICATION MARKERS**

16. NUMBER OF DIESEL POWERED VEHICLES	17. NUMBER OF GASOLINE POWERED VEHICLES
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18. NUMBER OF LP POWERED VEHICLES	19. OTHER FUEL TYPES
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20. TOTAL NUMBER OF MOTOR CARRIER DECAL SETS: \_\_\_\_\_ **X \$3.00 PER SET = \$** \_\_\_\_\_



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**21. OPERATING JURISDICTIONS**

Complete the schedule below by placing an "X" next to the jurisdictions in which you plan to maintain bulk storage of fuel.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> AK Alaska               | <input type="checkbox"/> IL Illinois      | <input type="checkbox"/> NC North Carolina | <input type="checkbox"/> RI Rhode Island   |
| <input type="checkbox"/> AL Alabama              | <input type="checkbox"/> IN Indiana       | <input type="checkbox"/> ND North Dakota   | <input type="checkbox"/> SC South Carolina |
| <input type="checkbox"/> AR Arkansas             | <input type="checkbox"/> KS Kansas        | <input type="checkbox"/> NE Nebraska       | <input type="checkbox"/> SD South Dakota   |
| <input type="checkbox"/> AZ Arizona              | <input type="checkbox"/> KY Kentucky      | <input type="checkbox"/> NH New Hampshire  | <input type="checkbox"/> TN Tennessee      |
| <input type="checkbox"/> CA California           | <input type="checkbox"/> LA Louisiana     | <input type="checkbox"/> NJ New Jersey     | <input type="checkbox"/> TX Texas          |
| <input type="checkbox"/> CO Colorado             | <input type="checkbox"/> MA Massachusetts | <input type="checkbox"/> NM New Mexico     | <input type="checkbox"/> UT Utah           |
| <input type="checkbox"/> CT Connecticut          | <input type="checkbox"/> MD Maryland      | <input type="checkbox"/> NV Nevada         | <input type="checkbox"/> VA Virginia       |
| <input type="checkbox"/> DC District of Columbia | <input type="checkbox"/> ME Maine         | <input type="checkbox"/> NY New York       | <input type="checkbox"/> VT Vermont        |
| <input type="checkbox"/> DE Delaware             | <input type="checkbox"/> MI Michigan      | <input type="checkbox"/> OH Ohio           | <input type="checkbox"/> WA Washington     |
| <input type="checkbox"/> FL Florida              | <input type="checkbox"/> MN Minnesota     | <input type="checkbox"/> OK Oklahoma       | <input type="checkbox"/> WI Wisconsin      |
| <input type="checkbox"/> GA Georgia              | <input type="checkbox"/> MO Missouri      | <input type="checkbox"/> OR Oregon         | <input type="checkbox"/> WV West Virginia  |
| <input type="checkbox"/> IA Iowa                 | <input type="checkbox"/> MS Mississippi   | <input type="checkbox"/> PA Pennsylvania   | <input type="checkbox"/> WY Wyoming        |
| <input type="checkbox"/> ID Idaho                | <input type="checkbox"/> MT Montana       |  |  |

**CANADIAN PROVINCES**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> NS Nova Scotia   | <input type="checkbox"/> AB Alberta                    | <input type="checkbox"/> MB Manitoba      | <input type="checkbox"/> PE Prince Edward Island |
| <input type="checkbox"/> NT N W Territory | <input type="checkbox"/> BC British Columbia           | <input type="checkbox"/> NB New Brunswick | <input type="checkbox"/> PQ Quebec               |
| <input type="checkbox"/> ON Ontario       | <input type="checkbox"/> NF New Foundland and Labrador |   | <input type="checkbox"/> SK Saskatchewan         |
|   |  |   | <input type="checkbox"/> YT Yukon Territory      |

**OWNERSHIP/RELATIONSHIP SECTION**

(This section MUST be completed for your application to be accepted) (Continued on page 3)

22. CHECK ALL THAT APPLY GEORGIA IFTA EFFECTIVE DATE : \_\_\_\_\_

<input type="checkbox"/> Owner	<input type="checkbox"/> Parent Company	<input type="checkbox"/> Manager	<input type="checkbox"/> Related Business
<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Other	

A	BUSINESS NAME				
B	LAST NAME	FIRST	M.I.	TITLE	SOC SEC NO.* <b>(Required)</b>
C	ADDRESS				
D	CITY	STATE	ZIP	COUNTY	COUNTRY PHONE

**\*Please Note:** All entities, including businesses, must provide a social security number for owner/operator/partner in Section B or application will not be processed.



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OWNERSHIP/RELATIONSHIP SECTION						
(This section MUST be completed for your application to be accepted)						
23.	CHECK ALL THAT APPLY				GEORGIA IFTA EFFECTIVE DATE : _____	
	<input type="checkbox"/> Owner	<input type="checkbox"/> Parent Company	<input type="checkbox"/> Manager	<input type="checkbox"/> Related Business		
	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Other			
A	BUSINESS NAME					
B	LAST NAME	FIRST	M.I.	TITLE	SOC SEC NO.* (Required)	
C	ADDRESS					
D	CITY	STATE	ZIP	COUNTY	COUNTRY PHONE	
<p><b>*Please Note:</b> All entities, including businesses, must provide a social security number for owner/operator/partner in Section B or application will not be processed.</p>						

### DECLARATION STATEMENT

The applicant agrees to comply with reporting payment, record keeping and license display requirements as specified in the Georgia IFTA Procedures Manual. The applicant authorizes the State of Georgia to withhold any refund of tax overpayment, if delinquent taxes are due to any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation or suspension of the license in all member jurisdictions.

The applicant, certifies with his signature that to the best of his/her knowledge, the information is true, accurate and complete and any falsification subjects him/her to the offense of making a written false statement to a government official.

Print Name: \_\_\_\_\_

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

**(Must be signed by owner, partner, or authorized officer of corporation - Stamped signature not acceptable)**

# GEORGIA DEPARTMENT OF REVENUE

## 2016 IFTA ANNUAL RENEWAL INSTRUCTIONS

Your 2015 IFTA Registration expires on **December 31, 2015**. Please renew your registration on-line no later than **November 18, 2015** by using the Department's Georgia Trucking Portal at: [WWW.CVISN.DOR.GA.GOV](http://WWW.CVISN.DOR.GA.GOV) in order to access IFTA registrations and enter the Georgia Tax Center web application.

Georgia's Trucking Portal offers a "one stop shop" for users to access all **CVISN credentialing applications** including International Fuel Tax Agreement (IFTA), International Registration Plan (IRP), Unified Carrier Registration (UCR), Georgia Intrastate Motor Carrier (GIMC), Trip/Fuel/Hunters Permitting as well as Oversize/Overweight Permitting.

### **Problems that will delay IFTA renewal requests and IFTA decal orders:**

outstanding/unpaid tax liabilities such as IFTA Quarterly Fuel Tax Returns, Motor Fuel Tax, Sales Tax, Individual Tax, Withholding Tax, or Corporate Tax.

**To access IFTA online services** we will need your state tax identification number (STI) or Social Security Number (SSN), Federal Employee Identification Number (FEIN), International Registration Plan (IRP) account number, your business location's zip code and specific payment amount that was paid for a prior tax period.

**The Department will issue IFTA licenses and decals as online applications are received.** You are not required to renew IFTA registration decals if your truck no longer travels outside of the state of Georgia.

### **How to submit IFTA applications, decal orders, Quarterly Tax Returns, and payments:**

If you do **not** already have access to IFTA online registrations through the Georgia Tax Center, follow these instructions:

1. Go to [WWW.CVISN.DOR.GA.GOV](http://WWW.CVISN.DOR.GA.GOV) to access Georgia Trucking Portal options.
2. Select the International Fuel Trade Agreement (IFTA) option.
3. You will then be directed to the Georgia Tax Center in order to register IFTA account.
4. Underneath the "FOR BUSINESSES" option, select "Register a new GA business"
5. Follow instructions to look up NAICS code (have Federal Employee Identification Number (FEIN) available).
6. Enter all requested information in the appropriate fields to register your business.
7. Create a login ID and Password (both will be required each time you login).

**After registering your IFTA account, you will receive an email from the Department (*no-reply@dor.ga.gov*) with login instructions and an authorization code. Please check your junk mail box if this email is not delivered to your email account's inbox.**

If you already have access to the Georgia Tax Center for other for tax types, follow these instructions to add IFTA registration to your existing access:

1. Go to [WWW.CVISN.DOR.GA.GOV](http://WWW.CVISN.DOR.GA.GOV) to access Georgia Trucking Portal options.
2. Select the International Fuel Trade Agreement (IFTA) option.
3. You will then be directed to the Georgia Tax Center in order to register IFTA account.
4. Login to existing Georgia Tax Center account for any existing tax type (i.e., sales tax).
5. Select the "Add Access to Another Account" link.
6. Click drop down box for "Account Type," and select "International Fuel Tax" link.
7. Enter your IFTA identification number (IFTA ID number) in the "Account ID" field.
8. Enter business location zip code and amount of payment processed in your IFTA account for the specific tax period requested.
9. IFTA account will immediately be displayed in your Georgia Tax Center summary page.

\*Please email [Motorfuel@DOR.GA.GOV](mailto:Motorfuel@DOR.GA.GOV) to resolve problems related to your IFTA account.