

**FOR OFFICIAL USE ONLY**

Check  Cash

Decal # \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ RT Account # \_\_\_\_\_ Qty \_\_\_\_\_ \$ \_\_\_\_\_ Ck/Rcpt # \_\_\_\_\_

New Applicant  Renewal  Additional  IPC \_\_\_\_\_ Lawson \_\_\_\_\_ SoS \_\_\_\_\_ DOT/SAFER \_\_\_\_\_ UCR \_\_\_\_\_

**2025 STATE OF NH- INTERNATIONAL FUEL TAX AGREEMENT (IFTA) APPLICATION**

APPLICATION MUST BE COMPLETED IN FULL (see instructions, p. 3). Print or type legibly; incomplete/illegible applications will be returned.

1. APPLICANT LEGAL (BUSINESS) NAME (include "Inc.", "LLC", etc. as required):		2. Account # (on top right side of tax return: max. 6 digits, <u>NOT FEIN</u> ):	3. Taxpayer Identification Number (TIN) _____
4. Trade/DBA Name (complete only if different from legal name above):		5. USDOT #: _____ <input type="checkbox"/> This is the applicant's USDOT # <input type="checkbox"/> This is the lessor's USDOT #	
6. MAILING ADDRESS below (address to which mail will be sent): STREET or PO BOX: _____ CITY, STATE ZIP CODE: _____		7. PHYSICAL ADDRESS below (legal address, <b>no PO Box allowed</b> ). Complete only if different from mailing address: STREET: _____ CITY, STATE ZIP CODE: _____	
8. PRIMARY BUSINESS CONTACT (First & last name / include contact's title):		9. CONTACT PHONE # ( ) - _____	10. CONTACT E-MAIL ADDRESS:
11. What is your IRP base jurisdiction? (use postal 2-letter abbreviation: " <u>NH</u> ", " <u>ME</u> ", etc.) _____	12. IRP Account #: _____ (IRP account # is listed on vehicle registration / cab card, 4 <sup>th</sup> box down on left.)	13. Do you have <b>bulk storage</b> ? (see definition, p. 2) <input type="checkbox"/> No <input type="checkbox"/> Yes If <u>Yes</u> , indicate what type(s): <input type="checkbox"/> Clear <input type="checkbox"/> Dyed If <u>Yes</u> , where (City, ST)? _____	
14. Is the applicant registered with the NH Secretary of State (SoS) to do business in NH? <input type="checkbox"/> No <input type="checkbox"/> Yes If <u>Yes</u> , SoS Business ID #(s): _____ / _____ (The SoS Business ID # is <u>no more than 6 digits</u> ; use the following to help find your company's business ID: <a href="https://www.sos.nh.gov/corporate/soskb/csearch.asp">https://www.sos.nh.gov/corporate/soskb/csearch.asp</a> , type in your company name). Any person conducting business under any name other than his/her own legal name <b>must</b> be registered and in good standing with the SoS.			
15. What is the primary nature of this business? <input type="checkbox"/> Agriculture <input type="checkbox"/> Logging <input type="checkbox"/> Petroleum / Fuel Transportation <input type="checkbox"/> Other (explain):			
16. Do you currently, or did you previously, have any IFTA accounts other than this account? <input type="checkbox"/> No <input type="checkbox"/> Yes If <u>Yes</u> , list <b>all</b> other account numbers:			
17. Have you ever been issued an IFTA decal from any jurisdiction <u>other than NH</u> ? <input type="checkbox"/> No <input type="checkbox"/> Yes If <u>Yes</u> , list <b>all</b> jurisdictions:			
18. Is your license currently suspended or revoked in any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes If <u>Yes</u> , list <b>all</b> jurisdictions:			
19. Are any of your vehicles leased? <input type="checkbox"/> No <input type="checkbox"/> Yes If <u>Yes</u> , is the leasing company responsible for the filing of the quarterly tax reports? <input type="checkbox"/> No <input type="checkbox"/> Yes			
20. Check Type(s) of fuel consumed by IFTA vehicle(s): <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Gasohol <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other _____			
21. Quantity of vehicles requiring decals: _____ @ \$10.00 per set = \$ _____. (Make checks payable to "State of NH-Road Toll".)			
Applicant <u>must</u> complete the New Hampshire IFTA License Application (RT-129) regardless of fuel type for all qualified motor vehicles that will operate in 2 or more jurisdictions including New Hampshire. Qualified motor vehicles are designated as having: a) A gross vehicle weight or registered gross vehicle weight in excess of 26,000 lbs, or b) a gross combination weight in excess of 26,000 lbs. (i.e. a vehicle hauling a trailer), or c) <b>any</b> vehicle with three axles or more, regardless of weight (except a recreational vehicle). The decals must be applied to the exterior portion of both sides of the cab (Per R625 IFTA Articles of Agreement) and the license, or a copy, shall be placed in the vehicle before operating in any out-of-state jurisdiction.			
<b>Certification By Applicant:</b> 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 the base jurisdiction 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 states. Applicant agrees that the information given on this IFTA application is, to the best of his or her knowledge, true, accurate and complete. "This application is signed under penalty of unsworn falsification pursuant to RSA 641:3."			

Print / Type Signee's First and Last Name:	Date:
Signature:	Signee's Title:

**Remit To: State of NH-Dept. of Safety-Road Toll Bureau 33 Hazen Drive, Concord NH 03305**

Telephone #: (603) 271-2311; fax number: (603) 271-8211  
Website = <http://www.nh.gov/safety/divisions/administration/roadtoll>

Complete all information on all qualified motor vehicles that will have an IFTA decal (use additional sheets if necessary).

Print or type legibly.

	Registration State	Plate #	Year of Vehicle	Make of Vehicle	Fuel Type	Gross / Combined Vehicle Weight	Used with trailer? Enter Y or N for each	VIN #	# Axles
1									
2									
3									
4									
5									
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25									

## Definitions

**Bulk Storage** - Any fuel tank storage or container greater than 55 gallons. The fuel supply tanks of your motor vehicles or unlicensed equipment are not considered bulk storage.

**Lessor** - The party granting the use of equipment with or without a driver to another.

**USDOT** -US Department of Transportation.

**Jurisdiction** - A state of the United States, the District of Columbia (D.C.), a province or territory in Canada, or a state of the United Mexican States.

## Instructions for Completing the IFTA Application

Clearly print or type all application information except when a signature is required.

### Page 1 Directions

1. Indicate applicant's legal (business) name, including "Inc.", "LLC", etc. as required.
2. Indicate the applicant's IFTA account #, if there is one (# is six digits maximum, found at top right side of quarterly tax return).
3. Taxpayer Identification Number (TIN) - A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws, TINs are issued by the IRS.
4. Indicate applicant's trade name or DBA only if it is different than item 1, "Applicant Legal (Business) Name". Otherwise leave this blank.
5. Indicate the USDOT #. Indicate whether the USDOT # is the applicant's USDOT # or the lessor's USDOT #.
6. Indicate the mailing address Street / PO Box, City, ST, and zip code.
7. Indicate the physical / legal address Street (no PO Box allowed), City, ST, and zip code.
8. Indicate the primary business contact's first name, last name, and title.
9. Indicate the primary business contact's phone number.
10. Indicate the primary business contact's e-mail address.
11. Indicate the IRP base jurisdiction in which the fleet is registered – use the 2 digit postal code.
12. Indicate the IRP account #. This information is on the vehicle registration / cab card, 4<sup>th</sup> box from top, on left of card.
13. Indicate if you have bulk storage. If you do, indicate if you store clear fuel, dyed fuel, and the location of all related tanks.
14. Indicate if the applicant's legal name, and any trade/DBA name, are registered with the NH Secretary of State (SoS) to conduct business in NH; if registered, indicate the Business ID#. [All SoS registered applicants have a SoS Business ID; if needed, use the link in the application and your legal / trade names to help find your Business ID #.] Any person conducting business under any name other than his/her own legal name, including trade/DBA names, must be registered and in good standing with the SoS. **If the applicant is required to be registered with the SoS and is not, remedy this immediately so the applicant can submit the IFTA application timely. Failure to do so will delay your application's approval.**
15. Indicate the nature of the applicant's business; check as appropriate.
16. Indicate if the applicant currently holds, or previously held, any IFTA accounts other than this account; list any such account(s) by number.
17. Indicate if the applicant has ever been issued an IFTA decal from any jurisdiction other than NH; list any such jurisdiction(s).
18. Indicate if the applicant's license is currently suspended or revoked in any jurisdiction, and list any such jurisdiction(s).
19. Indicate if any of the applicant's vehicles are leased. If any vehicle is leased, indicate if the leasing company is responsible for the filing of the quarterly tax reports.
20. Indicate what type or types of fuel are used in the IFTA vehicle(s).
21. Indicate the number of IFTA qualified vehicles for which the applicant is requesting decals, and the amount of payment. Print or type the signee's name, the date, and the signee's title. Sign page 1. Attach payment – if a check, make it out to "State of NH-Road Toll". **NOTE: the person signing the application is the "signee".**

### Page 2 Directions

For each vehicle that the applicant wants to IFTA register, provide the following information: vehicle plate number, year, make, fuel type used, gross/combined weight, whether the vehicle will be used in combination with a trailer, the VIN #, and the # of axles. Use additional paper if needed, making sure all required information is included for all vehicles.

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Make sure of the following (Our office strongly encourages the applicant to make and keep a copy of all submitted materials.):

- pages 1 through 3 are complete and attached, as well as any sheets listing additional vehicles; and
- the correct number of vehicles and payment are calculated. **Only include payment for your IFTA registration.**

Any check that combines the IFTA registration payment with payment for anything else cannot be accepted.

Properly completed and signed applications will be processed on a **first in / first out basis**. Incomplete applications and those with issues will cause delays in processing. Either mail or drop off all pages of the signed and completed application and payment to the following address:

State of NH, Department of Safety  
Road Toll Bureau  
33 Hazen Drive  
Concord NH 03305.