



Indiana Department of Revenue  
**International Fuel Tax Agreement**  
**Application for Reinstatement**  
*Please print or type all information.*

**Taxpayer Information**

Legal Entity Name		Indiana Taxpayer ID Number (TID)
DBA Name (if applicable)		Federal Employer ID Number (FEIN)
Social Security Number (SSN)	Date of reinstatement	
Indiana Physical Business Address		County
City	State Indiana	ZIP Code

**Business Entity Information**

☐ Sole Owner    ☐ Partnership    ☐ Corporation    ☐ LLC    ☐ Government    ☐ Other \_\_\_\_\_

**Owner, Partner, and Corporate Officer Information**

Last Name, First Name	Title (Owner, Partner, etc.)	Address	Social Security Number (SSN) in accordance with IC 4-1-8-1.

**Contact Person**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

☐ This contact person is a power of attorney or service provider.  
*Please attach a copy of form POA-1 signed by an owner, partner, or corporate officer listed above.*

**Information Regarding Your Qualified Vehicles**

USDOT number assigned to this entity: _____
<input type="checkbox"/> <i>This entity is a registrant. Please attach a copy of the DOT authority lease under which this entity is operating. Include DOT number.</i>
Indiana IRP account number assigned to this entity: _____
<input type="checkbox"/> <i>All qualified vehicles are operated under an owner/operator agreement. Please attach a valid copy of owner/operator lease agreement and registration cab cards.</i>

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

**Applicant agrees under penalty of perjury that the information given on this IFTA Application for Reinstatement is to the best of their knowledge, true, accurate, and complete.**

**Note.** This form must be signed by an owner, a partner, or a corporate officer listed on the front of this application or by an authorized agent. If signed by an authorized agent, a properly completed Indiana Department of Revenue power of attorney form (POA-1) must be enclosed with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Instructions for Form IFTA-1R

### Taxpayer Information

**Legal Entity Name.** Name of the sole proprietor, partnership, corporation, or other legal entity.

**DBA Name (if applicable).** Business trade name or assumed name.

**Indiana Taxpayer ID Number (TID).** Ten-digit Indiana taxpayer identification number (TID). If you do not have an Indiana TID, leave the space blank and one will be assigned to you.

**Federal Employer ID Number (FEIN).** Nine-digit federal employer identification number (FEIN).

**Social Security Number (SSN) if applicable.** This is necessary for sole proprietor applications if a FEIN is not assigned.

**Indiana Physical Business Address.** Physical address of the business where records are located, including county.

### Business Entity Information

Indicate the type of business by checking the appropriate box.

### Owner, Partner, and Corporate Officer Information

List each owner, partner, or corporate officer along with their SSN. If more space is needed, attach additional sheets. (See IC 4-1-8.1 for additional information.)

### Contact Person

The contact person should be an owner, a partner, or a responsible officer whom the department may contact.

**Important.** If the contact is an authorized agent, a properly completed Form POA-1, Power of Attorney, must be enclosed with the application.

### Information Regarding Your Qualified Vehicles

List the DOT number and Indiana IRP account number associated with the entity. Please attach documents as necessary. You may view the status of your DOT number at [safer.fmcsa.dot.gov](http://safer.fmcsa.dot.gov), for further assistance with the status of your DOT number, please call 317-615-7200.

### Submit your Application for Reinstatement and payment.

Electronic Submission	Mail-In
Scan/Fax signed, dated, and completed form to email <a href="mailto:FTSNewAccount@dor.in.gov">FTSNewAccount@dor.in.gov</a> or Fax 317-615-7333.  For assistance, please call 317-615-7200.	Mail signed, dated, and completed form to:  Indiana Department of Revenue Motor Carrier Services IFTA / MCFT Section 7811 Milhouse Road, Suite M Indianapolis, IN 46241-9612

### Need Information Regarding Recordkeeping Requirements?

Visit our website at [www.in.gov/dor/motor-carrier-services](http://www.in.gov/dor/motor-carrier-services). Please call us at 317-615-7200 if you have questions. We are available 8 a.m. to 4:30 p.m. EST, Monday through Friday or by email at [Indianamotorfuel@dor.in.gov](mailto:Indianamotorfuel@dor.in.gov).