Delaware International Fuel Tax Agreement License Application

Registration Period 01/01/2026 through 12/31/2026

Circle type of application - New Account Supplemental

Legal Name

Motor Carrier Account Number _____ Tax Identification Number _____ US DOT Number _____

Leasing Company US DOT Number _____

If you do not have Delaware apportioned plates and you lease your vehicles; you are required to indicate your leasing company's Federal DOT number and submit a clear copy of your lease and a copy of your apportioned registration card with your new, renewal or supplemental application.

Type of Fuel Used (circle all that apply)

Diesel Gasoline Biodiesel Liquid Propane (LPG) Compressed Natural Gas(CNG) Ethanol Gasohol Liquid Natural Gas (LNG) Methanol E-85(Ethanol 85) M-85(Methanol 85) A-55(Naptha/Crude/Water)

Have you been issued an IFTA license by another IFTA jurisdiction? □Yes □ No
Has your IFTA license ever been suspended or revoked? □Yes □ No
Do you maintain bulk fuel storage in any jurisdiction including Delaware? Yes No
If yes list jurisdictions & tank capacity below
Are you consolidating fleets from other jurisdictions in this account? □ Yes □ No

Do you have bulk fuel tank(s) located in Delaware? Please report location, fuel type and gallons of each tank

Location	Fuel Type	Gallon Capacity

Decal Order

Two IFTA Decals (1 set) are needed for each vehicle Number of Decal Sets Ordered _____

Number of decal sets @ $5.00 per set……. Amount Due _____

Make checks payable to: DMV

The applicant agrees to comply with tax reporting, payment, record keeping requirements, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that the State of Delaware may withhold any refunds due if the IFTA applicant is delinquent on payment of fuel taxes due to any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of any IFTA license in all member jurisdictions. I hereby affirm that I am authorized to sign this application and that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of authorized personnel _____ Date_____