

## KANSAS DEPARTMENT OF REVENUE

**KANSAS APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT (IFTA)**

1. Legal Name: \_\_\_\_\_
2. DBA Name: \_\_\_\_\_
3. Business Mailing Address: \_\_\_\_\_  
Street Address or Post Office Box City State Zip Code
4. Business Location Address: \_\_\_\_\_  
Street Address City State Zip Code
5. Federal Employers Identification Number\*: \_\_\_\_\_ 6. Business Phone Number: \_\_\_\_\_  
 \*If using a FEIN, the IRS confirmation letter must be submitted. See reverse. Fax Number: \_\_\_\_\_

7. Check Type of Ownership:  Individual  Partnership  Corporation  Other

8. List Owner, Partners or Corporate Officers (Attach list of additional partners and corporate officers) (**\*Required\***)

NAME	ADDRESS	TITLE	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER

9. Name and telephone number of a contact person for tax return inquires \_\_\_\_\_  
(Name) (Telephone Number)

10. Have you been licensed for IFTA in another jurisdiction?  Yes  No If yes, what state? \_\_\_\_\_

11. Please define which type of carrier you are: Motor Carrier:  (**USDOT# required**) Registrant Only Carrier:  (**USDOT not required**)  
 (Ensure proper box is marked for correct type of Carrier.)

12. List below, if applicable, all License/Account numbers: (See back for agency information.)

A. Motor Carrier USDOT (Department of Transportation) Number (**\*Required\***) \_\_\_\_\_

B. International Registration Plan (IRP) Number \_\_\_\_\_

C. If you currently have a KS IRP account, would you like to share your IFTA Mileage with IRP?  Yes  No

13. Attach a list of vehicles with vehicle identification number (VIN) you are applying for on this application.

14. Types of Fuel Used (check all that apply):

- Diesel  Gasoline  Propane  Gasohol  Liquid Natural Gas (LNG)  Compressed Natural Gas (CNG)  
 Ethanol  Methanol  E-85 M-85  A55

15. List all jurisdictions you currently have bulk storage: \_\_\_\_\_

16. **Fee Calculation**—Fee is \$10.00 for the first qualified motor vehicle, and \$1.00 for each additional qualified motor vehicle. Fee must accompany this application.

First Qualified Motor Vehicle.....	\$	10.00
PLUS _____ Qualified Motor Vehicles @ \$1.00 Each .....	\$	_____
TOTAL FEE ENCLOSED.....	\$	_____

Under penalty of perjury, I declare that I have examined this application and certify that it is correct and complete. I agree to be bound by all of the provisions of the IFTA Agreement. I understand that if I fail to maintain proper mileage and fuel records for inspection by the Department, the Department may use a standard M.P.G. of four (4) miles per gallon for any period for which there are inadequate records. I further agree that the Kansas Department of Revenue may withhold any refunds due if I am delinquent on payment of fuel taxes due any member jurisdiction. I understand that failure to comply with these provisions shall be grounds for revocation of my license in all member jurisdictions.

**Sign Here**

\_\_\_\_\_  
 Signature of Owner, Partner, Corporate Officer, or Person Authorized by Attached Power of Attorney Title Date

\_\_\_\_\_  
 Print Name Telephone Number

**OFFICE USE ONLY**

License No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Decal No.: \_\_\_\_\_

**You can also apply for IFTA online @[www.ksrevenue.gov](http://www.ksrevenue.gov)**

## INSTRUCTIONS

Complete this application in its entirety if you are a person or company based in Kansas operating a **qualified motor vehicle**. A qualified motor vehicle is a motor vehicle used, designed or maintained for transportation of persons or property and:

1. Having two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds;
2. Having three or more axles regardless of weight; or,
3. Is used in combination when the weight of such combination exceeds 26,000 pounds gross vehicle weight.

Qualified motor vehicle does not include recreational vehicles, (unless such vehicle(s) is being used as a business endeavor.)

There is a \$10.00 fee for the first qualified motor vehicle. Additional vehicles will be registered for \$1.00 each.

After completing the registration process, you will automatically receive a master license and decals for each vehicle. The appropriate fee amount must be submitted with the application.

The State of Kansas may require a licensee to post a bond when the licensee has failed to file timely reports, when tax has not been remitted or when an audit indicates a problem. The bond amount must be equal to four (4) quarters tax liability or a \$1,000.00 whichever is greater.

**Not furnishing the Federal Identification Number (FEIN) or Social Security Number will delay processing this application and any future refunds. If using an FEIN, you will need to submit a SS4 or a 147c letter from the IRS @1-800-829-4933**

**No Active USDOT number for a Motor Carrier will delay the processing of this Application.**

**\* Motor Carrier USDOT # is mandatory\***

(Companies that operate commercial vehicles transporting passengers or hauling cargo in interstate commerce must be registered with the FMCSA and must have a USDOT Number. Also, commercial intrastate hazardous materials carriers who haul quantities requiring a safety permit must register for a USDOT Number. The USDOT Number serves as a unique identifier when collecting and monitoring a company's safety information acquired during audits, compliance reviews, crash investigations, and inspections.)

**Registrants Only Motor Carriers # will be assigned by the Kansas Department of Revenue.**

"Registrant" means a person in whose name a Properly Registered Vehicle is registered. (Registrant Motor Carriers are not required to have USDOT #.)

**Completing this application requires filing quarterly IFTA tax returns regardless of out of state travel during the quarter being filed. Failure to file a return will result in penalty and interest and possible revocation of your license.**

This application must be signed by the owner, partner or corporate officer listed on question 8. Persons who are not listed on question 8 but are signing the application must attach a completed Power of Attorney (DO-10). (POA must include the agent (s) name.)

IFTA Agreement to Maintain Records (AUD-29) must be completed and a copy of your 147c letter must accompany the IFTA application (MF-39).

Inquiries concerning this application should be directed to:

**Kansas Department of Revenue  
Motor Fuel Tax  
120 SE 10th Ave  
PO Box 750680  
Topeka, Kansas 66625-0680  
Phone Number: 785-368-8222**

KCC-Kansas Corporation Commission  
1500 SW Arrowhead Rd  
Topeka, KS 66604  
785-271-3145

IRP-International Registration Plan  
300 SW 29<sup>th</sup> St  
Topeka, KS 66611  
785-296-6541

\*USDOT-Federal Motor Carrier Safety Administration  
1303 SW 1<sup>st</sup> American Place Suite 200  
Topeka, Kansas 66604  
1-800 832-5660  
<https://www.fmcsa.dot.gov/>

Oversize Permits-Kansas Dept of Transportation  
<https://www.k-trips.com/>  
785-368-6501

**Go to [www.iftach.org](http://www.iftach.org) for exemptions, contact information, etc. on other jurisdictions.**