

MVD-11212  
REV. 07/12



New Mexico Taxation & Revenue Department, Motor Vehicle Division

# NEW MEXICO IFTA DECAL REQUEST



Use the order form below to order replacement decal sets.

**Mail this decal request and payment to:**

New Mexico Commercial Vehicles Bureau  
P.O. Box 5188  
Santa Fe, NM 87502-5188

**NEW MEXICO IFTA DECAL REQUEST**

**Registration Year** \_\_\_\_\_

MTD # \_\_\_\_\_

Name
Address
City, State, ZIP Code

1. Enter total number of decal sets needed (1 set = 2 decals)
2. Price per set
3. Total amount due (line 1 x line 2)

\$3.50

Signature

Date

MVD-11213  
REV. 07/12

New Mexico Taxation & Revenue Department, Motor Vehicle Division



# APPLICATION FOR IFTA LICENSE RENEWAL



Please return completed application to: **New Mexico Commercial Vehicles Bureau, P.O. Box 5188, Santa Fe, NM 87502-5188**

1. MTD Number	2. U.S. DDT Number	3. ICC Number	4. NM CRS Number
5. Legal Name of Business			6. Federal Employer ID Number
7. DBA Name		8. State of Registration	9. Social Security Number
10. Physical Address (Business Location, Street or Rural Route, City, State, ZIP Code)			
11. Mailing Address (Street or Box Number, City, State, ZIP Code)			
12. Name of Person to Contact		13. Email Address	
14. Telephone Number		15. FAX Number	
16. Type of Business (fill in <input type="checkbox"/> )			
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor (No Employees) <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietor (With Employees) <input type="checkbox"/> Partnership			
17. List owners, partners, shareholders or three corporate officers:			
Name		Social Security Number	Home Phone Number (    )
Home Address, City, State, ZIP Code			
Name		Social Security Number	Home Phone Number (    )
Home Address, City, State, ZIP Code			
Name		Social Security Number	Home Phone Number (    )
Home Address, City, State, ZIP Code			
18. Bulk Storage Locations Outside of New Mexico			
19. Fill in ( <input type="checkbox"/> ) for each jurisdiction in which you travel			
<input type="checkbox"/> AL Alabama	<input type="checkbox"/> KS Kansas	<input type="checkbox"/> NM New Mexico	<input type="checkbox"/> VA Virginia
<input type="checkbox"/> AK Alaska	<input type="checkbox"/> KY Kentucky	<input type="checkbox"/> NY New York	<input type="checkbox"/> WA Washington
<input type="checkbox"/> AZ Arizona	<input type="checkbox"/> LA Louisiana	<input type="checkbox"/> NC North Carolina	<input type="checkbox"/> WV West Virginia
<input type="checkbox"/> AR Arkansas	<input type="checkbox"/> ME Maine	<input type="checkbox"/> ND North Dakota	<input type="checkbox"/> WI Wisconsin
<input type="checkbox"/> CA California	<input type="checkbox"/> MD Maryland	<input type="checkbox"/> OH Ohio	<input type="checkbox"/> WY Wyoming
<input type="checkbox"/> CO Colorado	<input type="checkbox"/> MA Massachusetts	<input type="checkbox"/> OK Oklahoma	<input type="checkbox"/> AB Alberta
<input type="checkbox"/> CT Connecticut	<input type="checkbox"/> MI Michigan	<input type="checkbox"/> OR Oregon	<input type="checkbox"/> BC British Columbia
<input type="checkbox"/> DE Delaware	<input type="checkbox"/> MN Minnesota	<input type="checkbox"/> PA Pennsylvania	<input type="checkbox"/> MB Manitoba
<input type="checkbox"/> DC District of Columbia	<input type="checkbox"/> MS Mississippi	<input type="checkbox"/> RI Rhode Island	<input type="checkbox"/> NB New Brunswick
<input type="checkbox"/> FL Florida	<input type="checkbox"/> MO Missouri	<input type="checkbox"/> SC South Carolina	<input type="checkbox"/> NF Newfoundland
<input type="checkbox"/> GA Georgia	<input type="checkbox"/> MT Montana	<input type="checkbox"/> SD South Dakota	<input type="checkbox"/> NS Nova Scotia
<input type="checkbox"/> ID Idaho	<input type="checkbox"/> NE Nebraska	<input type="checkbox"/> TN Tennessee	<input type="checkbox"/> ON Ontario
<input type="checkbox"/> IL Illinois	<input type="checkbox"/> NV Nevada	<input type="checkbox"/> TX Texas	<input type="checkbox"/> PE Prince Edward Island
<input type="checkbox"/> IN Indiana	<input type="checkbox"/> NH New Hampshire	<input type="checkbox"/> UT Utah	<input type="checkbox"/> PQ Province of Quebec
<input type="checkbox"/> IA Iowa	<input type="checkbox"/> NJ New Jersey	<input type="checkbox"/> VT Vermont	<input type="checkbox"/> SK Saskatchewan
20. Applicant's Declaration			
<p>The undersigned applicant has knowledge of the International Fuel Tax Agreement and accepts full responsibility for all IFTA-related taxes. The applicant is not licensed in another IFTA jurisdiction; nor has this license been revoked in any other IFTA jurisdiction. All information provided in this application is true, correct and complete to the best of applicant's knowledge. Applicant agrees to comply with all reporting, payment, recordkeeping, 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 to any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member jurisdictions.</p>			
Applicant's Signature		Date	