

Instructions for Web Fill-In Forms

Getting Started

Save the PDF to
your computer



Use the latest
version of Adobe
Acrobat Reader
to complete the
form.



Guidelines

Do not handwrite
any information



Do not use
commas when
entering amounts

Enter Whole U.S. Dollars Only ☒

▶ 1. 99,999

Enter Whole U.S. Dollars Only ☒

▶ 1. 99999

Do not use brackets for
negative numbers. Use
a minus sign to show
the amount is negative.

Enter Whole U.S. Dollars Only ☒

▶ 1. [99999]

Enter Whole U.S. Dollars Only ☒

▶ 1. -99999

Printing

Use the print icon on
the form to ensure
you have completed
all required fields.



Do not select "print
on both sides of the
paper."

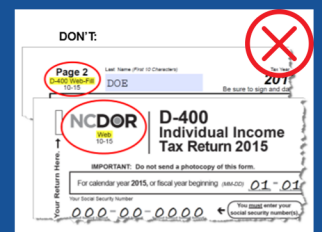


Set the page scaling
to "none." The Auto-
Rotate and Center
checkboxes should be
unchecked.



Before Sending...

Do not mix form
types



Do not submit
photocopies of
returns. Submit
original returns only.



GAS-1274

Registration Application for Motor Carrier License and Decals

Part 1. Identifying Information

1. Federal Employer's Identification Number (FEIN) OR NCDOR ID/State Number (if renewing your license)

2. Type of Ownership: ☐ Proprietorship ☐ Corporation ☐ LLC ☐ Partnership ☐ LLP ☐ Fiduciary ☐ Other (Identify) _____
If a corporation or LLC, State of Incorporation _____ Date _____ Secretary of State Number _____
Attach copy of Articles of Incorporation, LLC or LLP Operating Agreement, Charter, and Certificate of Authority To Do Business

3. Legal Name _____

4. Trade Name (DBA Name) _____

5. Business Location (Not P.O. Box Number) Street _____
City _____ State _____ Zip Code _____ County _____

6. Mailing Address Street or P.O. Box _____
City _____ State _____ Zip Code _____

7. Email Address _____

8. Location of Records (if different from the business location) Street _____
City _____ State _____ Zip Code _____

9. Licensing Contact Name _____
Telephone Number _____ Fax Number _____

10. Filing Contact Name _____
Telephone Number _____ Fax Number _____

11. Reporting Service/Tax Preparer Mailing Address Name _____
Street or P.O. Box _____
City _____ State _____ Zip Code _____
Email Address _____
Reporting service/tax preparer effective date

Please fill in the appropriate circle for the documents that should be mailed to your reporting service/Tax preparer.

- ☐ Decal Only
- ☐ Tax Return Only
- ☐ Decal and Tax Return

Complete the following if vehicles are involved in a lease agreement. Attach copy of the lease agreement.

12. Lessor Name and Mailing Address Name _____
Street or P.O. Box _____
City _____ State _____ Zip Code _____
Email Address _____

Lessee Name and Mailing Address Name _____
Street or P.O. Box _____
City _____ State _____ Zip Code _____
Email Address _____

Part 2. Ownership Information

If a proprietorship, the owner must complete this section through Line 7 only. Each corporate officer, principal, manager, or partner must complete the information requested below. If needed, attach additional sheet(s) to provide the information requested in this application.

(Fill in applicable circle for title) ☐ President ☐ Manager ☐ Member ☐ Partner ☐ Owner

1. Full Name (*First, Middle, Last*)

2. Residence Address (*Street address, City, State, and Zip code*)

3. Telephone (*Residence*)

4. Telephone (*Business*)

5. Social Security Number

6. Driver's License Number & State

I certify that, to the best of my knowledge, the information contained on Lines 1 through 6 is correct.

7. Signature

(Fill in applicable circle for title) ☐ Vice-President ☐ Manager ☐ Member ☐ Partner

8. Full Name (*First, Middle, Last*)

9. Residence Address (*Street address, City, State, and Zip code*)

10. Telephone (*Residence*)

11. Telephone (*Business*)

12. Social Security Number

13. Driver's License Number & State

(Fill in applicable circle for title) ☐ Secretary ☐ Manager ☐ Member ☐ Partner

14. Full Name (*First, Middle, Last*)

15. Residence Address (*Street address, City, State, and Zip code*)

16. Telephone (*Residence*)

17. Telephone (*Business*)

18. Social Security Number

19. Driver's License Number & State

(Fill in applicable circle for title) ☐ Treasurer ☐ Manager ☐ Member ☐ Partner

20. Full Name (*First, Middle, Last*)

21. Residence Address (*Street address, City, State, and Zip code*)

22. Telephone (*Residence*)

23. Telephone (*Business*)

24. Social Security Number

25. Driver's License Number & State

26. Name of bank or financial institution that you will use to pay the motor fuel tax:

Name _____ Bank Account Number _____

Street or P.O. Box _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Part 3. Business Operations Information

1. Date business started in this state for which a license is requested. _____

2. Do you have qualified motor vehicles that are registered as special mobile equipment for which you wish to set up a separate account? ☐ Yes ☐ No

3. Do your qualified motor vehicle(s) travel outside of North Carolina? ☐ Yes ☐ No

4. Have you ever been licensed as an IFTA carrier in another jurisdiction?

☐ Yes ☐ No (If yes, list the jurisdiction(s)) _____ (If no, proceed to question #6)

5. Was the IFTA license revoked? ☐ Yes ☐ No

6. Indicate the International Registration Plan (IRP) base state for the qualified motor vehicles.

7. List the IRP account number.

8. List the US DOT number.

9. Are any of your qualified motor vehicles licensed with the North Carolina Division of Motor Vehicles? ☐ Yes ☐ No If yes, list the plate number _____

10. Do you maintain bulk storage facilities of motor fuel or alternative fuel for highway or nonhighway purposes? ☐ Yes ☐ No

11. Complete the information below by filling in the circle next to the jurisdictions in which you plan to operate qualified motor vehicles. Also indicate, by fuel type, each jurisdiction in which you maintain bulk storage of motor fuel, the storage capacity of the fuel tanks, and if the fuel is for highway or nonhighway use. The codes for the fuel types are as follows:

DI = Diesel GA = Gasoline GH = Gasohol LP = Propane LN = Liquid Natural Gas CN = Compressed Natural Gas EL = Electricity
ET = Ethanol MT = Methanol E8 = E85 M8 = M85 A5 = A55 BD = Biodiesel HD = Hydrogen

Jurisdiction		Operate	Bulk Storage Fuel Type	Highway/NonHighway	Storage Capacity
AL	Alabama	☐			
AR	Arkansas	☐			
AZ	Arizona	☐			
CA	California	☐			
CO	Colorado	☐			
CT	Connecticut	☐			
DE	Delaware	☐			
FL	Florida	☐			
GA	Georgia	☐			
ID	Idaho	☐			
IA	Iowa	☐			
IL	Illinois	☐			
IN	Indiana	☐			
KS	Kansas	☐			
KY	Kentucky	☐			
LA	Louisiana	☐			
MA	Massachusetts	☐			
MD	Maryland	☐			
ME	Maine	☐			
MI	Michigan	☐			
MN	Minnesota	☐			
MO	Missouri	☐			
MS	Mississippi	☐			
MT	Montana	☐			
NC	North Carolina	☐			
ND	North Dakota	☐			
NE	Nebraska	☐			
NH	New Hampshire	☐			
NJ	New Jersey	☐			
NM	New Mexico	☐			
NV	Nevada	☐			
NY	New York	☐			

Jurisdiction		Operate	Bulk Storage Fuel Type	Highway/NonHighway	Storage Capacity
OH	Ohio	☐			
OK	Oklahoma	☐			
OR	Oregon	☐			
PA	Pennsylvania	☐			
RI	Rhode Island	☐			
SC	South Carolina	☐			
SD	South Dakota	☐			
TN	Tennessee	☐			
TX	Texas	☐			
UT	Utah	☐			
VA	Virginia	☐			
VT	Vermont	☐			
WA	Washington	☐			
WI	Wisconsin	☐			
WV	West Virginia	☐			
WY	Wyoming	☐			

Canadian Provinces

AB	Alberta	☐			
BC	British Columbia	☐			
MB	Manitoba	☐			
NB	New Brunswick	☐			
NF	Newfoundland and Labrador	☐			
NS	Nova Scotia	☐			
ON	Ontario	☐			
PE	Prince Edward Island	☐			
QC	Quebec	☐			
SK	Saskatchewan	☐			

12. Indicate the number of qualified motor vehicles requiring IFTA license and decals. _____

13. Indicate the number of qualified motor vehicles requiring Intrastate (IN) license and decals. _____

Part 4. Certification

Applicant agrees to comply with tax reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement and by North Carolina General Statutes and Administrative Procedures Act Rules. The applicant further agrees that the North Carolina Department of Revenue may withhold any refunds due if applicant is delinquent on payment of fuel taxes due to any other division within the North Carolina Department of Revenue or delinquent taxes due to any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member jurisdictions.

The applicant further certifies with his or her signature or electronic submission as deemed acceptable by North Carolina that, to the best of his or her knowledge, the information is true, accurate, and complete and any falsification subjects the applicant to appropriate civil and/or criminal sanction of North Carolina.

Signature	Title
Name (type or print)	Date

MAIL TO:
North Carolina Department of Revenue
Excise Tax Division
3301 Terminal Drive, Suite 125
Raleigh, NC 27604

QUESTIONS:

Contact the Excise Tax Division at:
Telephone Number (919) 707-7500
Toll Free Number (877) 308-9092
Fax Number (919) 250-7898
Website www.ncdor.gov