



# Iowa Department of Transportation

Office of Motor Vehicle Services  
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## International Fuel Tax Agreement (IFTA) Processing Agent Application

Processing Agent Name

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Mailing Address

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City

State

Zip Code

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Customer Name

DBA

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Customer Physical Address

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City

State

Zip Code

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Iowa Customer ID (if known)

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**Use the processing agent's address as the mailing address.  Yes  No**

By filing this application with the Iowa Department of Transportation's Office of Motor Carrier Services, I am verifying that the customer listed has authorized me to transact IFTA business on their behalf. I will file with the Office of Motor Carrier Services a copy of the Power of Attorney.

I further agree that I will notify the Office of Motor Carrier Services if customer no longer retains me for my services.

Signature

Date

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Printed Name

Title

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