



# Iowa Department of Transportation

Office of Motor Carrier Services  
P. O. Box 10382, Des Moines, Iowa 50306-0382

Ph. 515-237-3224

Fax: 515-237-3354

E-mail: [omcs@dot.iowa.gov](mailto:omcs@dot.iowa.gov)

Web site: [www.iowadot.gov/mvd/omcs](http://www.iowadot.gov/mvd/omcs)

## 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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