

Motor Carrier Services E-File Request Form

In order to access your IFTA account, you will need a Web ID number and PIN (personal identification number). For your protection, your original signature is required on the form. A power-of-attorney will not be accepted. If you wish to appoint someone to access your account for you, please complete the "Agent Section" at the bottom of the form.

If you would like to participate please complete the following request and mail it to us at the address indicated below. We will mail your web ID number and PIN to you.

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Account Name: _____

Account Number: _____

Mailing Address: _____

I understand that filings submitted electronically bear the same requirement for being examined by me and to the best of my knowledge and belief being a true and correct return and that any refund request is now due and wholly unpaid.

| | | |
|-----------------|--------------|------|
| Signature/Title | Phone Number | Date |
|-----------------|--------------|------|

To appoint an agent:

I hereby name and appoint _____ to be my lawful attorney in fact, to act for me in all matters related to my Motor Carrier Services web account. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do.

Signature: _____ Date: _____

(To be completed by Notary):

Sworn to (or affirmed) and subscribed before me this _____ day of _____,

20____, by _____
(Print or Type Name of the Person Making the above Statement)

(Print, Type or stamp Commissioned Name of Notary)

(Signature of Notary)

Personally Known _____ or Produced Identification _____

Completed forms should be mailed to:
Department of Highway Safety and Motor Vehicles
2900 Apalachee Parkway, MS62
Tallahassee, Florida 32399-0625
Phone (850)617-3711