



Licensing Agent Authorization



Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

TIN \_\_\_\_\_

Authorization is being given to the third-party agent listed below to have access to our Motor Carrier online account to file tax returns, IFTA renewals, additional IFTA decal orders, IRP renewals, Duplicate credentials.

The agent listed does not have authority to process any title work

I certify that I am acting in the capacity of sole proprietor, corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have authority to execute this account access on behalf of the taxpayer.

Signature	Title	Date
Print Name		Telephone Number

Before me personally appeared \_\_\_\_\_ (Taxpayer Name) who by me duly sworn under oath says that the statements set forth above are true and correct. SUBSCRIBED TO AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public State of Delaware, \_\_\_\_\_ County

Circle required access:                      IRP Agent Access                      IFTA Agent Access

Licensing Agent Company Name \_\_\_\_\_

Licensing Agent Tax Identification Number \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Office Phone \_\_\_\_\_ FAX \_\_\_\_\_

Please note first point of contact will be company authorized personnel

Office Use

Document Date \_\_\_\_\_ Clerk \_\_\_\_\_ Agent Number \_\_\_\_\_