



Authorized Personnel for Motor Carrier Services



Motor Carrier Account Name _____ Motor Carrier Account Number _____

The personnel noted below are employees, officers, or directors of the above company and FLEET and are authorized to act on behalf of the company for purposes of accessing and updating account information, transfer and/or renewal of vehicles, filing of tax returns, and to provide representation as part of any audit related activities for the following for the following tax or registration fee matters: International Registration Plan (IRP); International Fuel Tax Agreement (IFTA); Unified Carrier Registration (UCR) and Heavy Vehicle Use Tax (Form 2290); Titles and Registrations.

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

IRP Contact Type: Audit Primary Other _____ Job Title _____

IFTA Contact Type: Audit Primary Other _____ Job Title _____

Name _____

Business Address _____

City _____ State _____ Zip _____

Email _____@_____

Main Phone _____ FAX _____ Mobile _____

IRP Contact Type: Audit Primary Other _____ Job Title _____

IFTA Contact Type: Audit Primary Other _____ Job Title _____

Name _____

Business Address _____

City _____ State _____ Zip _____

Email _____@_____

Main Phone _____ FAX _____ Mobile _____

****Additional pages may be used but will require notary. See our FAQ's for how to remove an employee.**