

REQUEST FOR ADDITIONAL IFTA DECALS

FOR YEAR	
[FOID]	YOUR ACCOUNT NO.

BOE USE ONLY		
RA-B/A	AUD	REG
RR-QS	FILE	REF
EFF		

**READ INSTRUCTIONS
BEFORE PREPARING**

Mail To:

STATE BOARD OF EQUALIZATION
MOTOR CARRIER OFFICE
PO BOX 942879
SACRAMENTO CA 94279-6180

IFTA ACCOUNT NUMBER

You may use this form to order decals for qualified motor vehicles that you wish to add to your IFTA fleet.

You must have a current IFTA license issued by the California State Board of Equalization and your account must be in good standing.

SECTION I: Decal and Fee Computation *(this section must be completed)*

1. Enter the number of qualified vehicles requiring decals 1. _____
2. Fee per set of decals 2. **\$ 2.00**
3. Total decal fee enclosed *(multiply line 1 by line 2)* 3. **\$** _____

SECTION II: Vehicle Information *(List complete information for each qualified motor vehicle that you wish to add to your IFTA fleet; attach a separate sheet if needed.)*

MAKE AND YEAR	BASE STATE VEHICLE REGISTRATION	VIN/LICENSE NUMBER	TYPE OF FUEL USED	REGISTERED OWNER IF DIFFERENT THAN IFTA ACCOUNT

**Make check or money order payable to the State Board of Equalization. Remittance must be in U.S. funds.
Always write your account number on your check or money order. Make a copy of this document for your records.**

SIGNATURE	EMAIL ADDRESS	
PRINT NAME AND TITLE	TELEPHONE ()	DATE

If you need additional information, please contact the State Board of Equalization, Motor Carrier Office, P.O. Box 942879, Sacramento, CA 94279-0065. You may also visit the BOE website at www.boe.ca.gov or call the Taxpayer Information Section at 800-400-7115 (TTY: 711); from the main menu, select the option Special Taxes and Fees.

