



### Authorized Personnel



Motor Carrier Account Name \_\_\_\_\_ Motor Carrier Account Number \_\_\_\_\_

TIN \_\_\_\_\_

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 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 the sole proprietor, corporate officer (president / vice president, partner (except a limited partner), or member of a limited liability company*

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 \_\_\_\_\_  Signer ONLY  Pickup ONLY

IFTA Contact Type:  Audit  Primary  Other \_\_\_\_\_  Signer ONLY  Pickup ONLY

Job Title \_\_\_\_\_

Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Main Phone \_\_\_\_\_ FAX \_\_\_\_\_ Mobile \_\_\_\_\_

IRP Contact Type:  Audit  Primary  Other \_\_\_\_\_  Signer ONLY  Pickup ONLY

IFTA Contact Type:  Audit  Primary  Other \_\_\_\_\_  Signer ONLY  Pickup ONLY

Job Title \_\_\_\_\_

Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Main Phone \_\_\_\_\_ FAX \_\_\_\_\_ Mobile \_\_\_\_\_

\*\*Additional pages may be used but will require notary \*\*\* Do not add agents as authorized personnel

Office Use: Document Date \_\_\_\_\_ Clerk \_\_\_\_\_ (cross off unused sections)