IFTA Delaware **Licensing Agent Employee Application** **IRP** Delaware
(complete an application for each employee that will require access)

Business type: □ Corporation   □ LLC   □ LLP   □ Partnership   □ Sole Proprietor

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Licensing Agency Legal Name _____

DBA _____

Tax Identification Number _____

Physical Street _____

City _____ State_____ Zip_____

Office Phone (   ) _____
Office FAX   (   ) _____

Officer Name Authorizing Employee Access _____

Phone (   ) _____ Mobile (   ) _____

E-Mail _____@_____

Officer Signature _____Date_____

Employee Name _____

Phone (   ) _____

E-Mail _____@_____

OFFICE USE ONLY: License Agent Account Number_____

 User ID _____ IAM Unique ID _____

Document Date_____