

Clerk's Initials
Date

Application for Replacement Claiming Lost, Destroyed, Undelivered or Stolen State of Michigan IFTA Fuel Decal(s)

Issued under P.A. 119 of 1980. Filing is voluntary.

INSTRUCTIONS: Use this form to request a replacement for any lost, destroyed, stolen or undelivered IFTA Decals. Also use this form to request a replacement for decals from a licensed vehicle which is sold. The decal should be torn from the sold vehicle and destroyed. The buyer of the vehicle must be identified in number 11 below. Please print or type.

1. Complete Company Name (include Corp., Inc., P.C., L.L.C., etc.)	2. Account Number (FEIN, ME, TR, IFTA)	
3. Business Name, Assumed Name or DBA (if used)	4. IRP Number	
5. Address (Number and Street or RR#, City, State, Zip)	6. Decal Year	7. Quantity of Decals
	8. Phone Number	
9. Enter below the serial number(s) of the fuel decal(s) that are being replaced. (Required if decal lost, destroyed, stolen or vehicle disposed of or sold)		

I certify the following:

10.▶ that I am the licensee or authorized representative of the licensee named above and that the decals listed above have been:

lost destroyed undelivered stolen

OR

11.▶ that I have sold or disposed of and replaced a licensed vehicle and have removed and destroyed its decal. The vehicle I sold or disposed of is now owned by (name, address, city, state, ZIP):

--

Based on the above statements, I request that the Department of Treasury issue replacement decals.
I agree that if the above decals are found I will return them promptly to the Department of Treasury to be voided.

I certify under penalty of perjury that the information supplied here is true and complete to the best of my knowledge. I understand that if any of the statements in this application are false or misleading, the Department of Treasury may demand immediate reimbursement for any funds spent based on my statements. I further understand that if any false or misleading statements were made with intent to defraud the State of Michigan, the Department of Treasury may request prosecution to the full extent of the law.

Licensee or authorized representative signature (in ink)	Date
--	------

Mail your application to: Michigan Department of Treasury
Special Taxes Division
P.O. Box 30474
Lansing, MI 48909-7974

Any questions? Call (517) 636-4580 or FAX (517) 636-4593.
Deaf, hearing or speech impaired persons should call (517) 636-4999 (TDD)

Do Not Write Below This Line

Enter at right the serial numbers of replacement decals issued.