

Clerk's Initials
Date

# Statement 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 deactivate any lost, destroyed, stolen or undelivered IFTA Decals. Also use this form to request deactivation of decals from a licensed vehicle which is sold. The decal should be removed from the sold vehicle and destroyed. The vehicle and buyer must be identified in section 11 below. Please print or type.

1. Complete Company Name (include Corp., Inc., P.C., L.L.C., etc.)		2. Tax ID Number (FEIN or TR Number)	
3. Business Name, Assumed Name or DBA (if used)		4. IPC Account Number	
5. Address (Number and Street, City, State, ZIP Code)		6. Decal Year	7. Quantity of Decals
		8. Telephone Number	
9. Enter below the serial number(s) of the fuel decal(s) that are being deactivated. (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

11a. ▶ The vehicle identification number (VIN) for the vehicle sold is:

11b. ▶ The vehicle I sold or disposed of is now owned by (Name, Address, City, State, ZIP Code):

Based on the above statements, I request that the Department of Treasury deactivate the 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
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**Mail this form:**

Michigan Department of Treasury  
Special Taxes Division - IFTA  
P.O. Box 30474  
Lansing, MI 48909

Any questions? Call 517-636-4580 or email [IFTA\\_Licensing@michigan.gov](mailto:IFTA_Licensing@michigan.gov)

Assistance is available using TTY through the Michigan Relay Service by calling 711.