



South Dakota Department of Revenue
 IFTA & IRP
 445 E. Capitol Avenue
 Pierre, SD 57501

Phone: 605-773-8178 | Email: sdmotorcarrier@state.sd.us | Fax: 605-773-4117

Update of IFTA/IRP Account Information

A

Instructions

Complete and submit this form to the address listed above.

- List company information, and indicate if the physical and/or mailing address has changed.
- List primary contacts.
- List previous and current contacts.
- Sign and mail, email, or fax this form using the contact information above.

B

Company Information

Owner Name: _____

Business Name: _____

Federal Employer's ID Number/SSN: _____

IRP/ IFTA Account Number: _____

DOT Number: _____

Physical Address: _____

Mailing Address: _____

The Physical Address Changed Did Not Change

The Mailing Address Changed Did Not Change

Owner Information:

- | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> LLC | <input type="checkbox"/> LLP | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Government | | |

C

Primary Contact(s)

Please list the primary contact(s) for the company's account. The primary contact is responsible for handling IFTA and/or IRP applications, renewals, and returns for the company account. If no change has occurred please indicate. No Change

| | |
|--|--------------|
| Contact Type: <input type="checkbox"/> IFTA <input type="checkbox"/> IRP <input type="checkbox"/> Both | |
| Name: _____ | Title: _____ |
| Address: _____ | |
| Phone Number: _____ | Email: _____ |

| | |
|--|--------------|
| Contact Type: <input type="checkbox"/> IFTA <input type="checkbox"/> IRP | |
| Name: _____ | Title: _____ |
| Address: _____ | |
| Phone Number: _____ | Email: _____ |

D Previous & Current Information

Previous Officers/Members

Title: _____
(Please Specify)
Name: _____
Address: _____

Phone Number: _____
Social Security #: _____

Title: _____
(Please Specify)
Name: _____
Address: _____

Phone Number: _____
Social Security #: _____

Title: _____
(Please Specify)
Name: _____
Address: _____

Phone Number: _____
Social Security #: _____

Current Officers/Members

Title: _____
(Please Specify)
Name: _____
Address: _____

Phone Number: _____
Social Security #: _____

Title: _____
(Please Specify)
Name: _____
Address: _____

Phone Number: _____
Social Security #: _____

Title: _____
(Please Specify)
Name: _____
Address: _____

Phone Number: _____
Social Security #: _____

❖ Please attach additional sheets if necessary

E Signature

By completing, signing, and submitting this form, you confirm you have authority to affect the contact information of the license(s) listed above. If you wish to enlist a licensing agency to process your license applications, renewals, and returns for you, please contact this office and the authorization form will be mailed to you. You can also access the authorization form online at: <https://www.state.sd.us/eforms/secure/eforms/E0848V5-PowerofAttorney.pdf>

Individual Requesting Change: _____ Title: _____
(Please Print) (Please Specify)

Signature _____ Date: _____