



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: _____

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: IFTA IRP Both
 Name: _____ Title: _____
 Address: _____
 Phone Number: _____ Email: _____

Contact Type: IFTA IRP
 Name: _____ Title: _____
 Address: _____
 Phone Number: _____ Email: _____

D Previous & Current Information

Previous Officers/Members

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

Phone Number: _____
Contact Type: _____

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

Phone Number: _____
Contact Type: _____

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

Phone Number: _____
Contact Type: _____

Current Officers/Members

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

Phone Number: _____
Contact Type: _____

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

Phone Number: _____
Contact Type: _____

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

Phone Number: _____
Contact Type: _____

❖ *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: