



Prorate and Fuel Tax Services Power of Attorney Assignment

Businesses and individuals use this form to file a power of attorney (POA) with prorate and fuel tax services when hiring an agent, a reporting service, or another person who is not an employee of the company to:

- Complete and submit applications to establish an account.
- Complete and submit applications for registration, licenses, decals, plates, tax returns, or refunds.
- Direct correspondence to an address not already listed as the account mailing address.
- Discuss confidential matters with Department of Licensing (DOL) staff.
- Request access to License Express to view or access taxpayer accounts. Access allows the attorney-in-fact add, view, and modify information and records.

Once completed, send a copy to:

Washington State Department of Licensing
Prorate and Fuel Tax Services
PO Box 9228
Olympia, WA 98507-9228
Fax: 360-570-7839

! Note: Prorate and fuel tax services does not regulate agents. This power of attorney grants permission for DOL to release all account, tax, and payment information to the attorney-in-fact. The account holder is responsible for ensuring all reporting is complete, accurate, and timely.

Account type

This power of attorney applies to the following account types (Check all that apply)			
IFTA	IRP	Fuel tax	Unlicensed refunds

Attorney-in-fact (service agent) information

Legal name of attorney-in-fact		
FEIN	UBI	Mail correspondence to: Account holder Attorney-in-fact
Mailing address (Street address or PO Box)		
City	State	ZIP code
10-digit phone number	Primary contact name	

Account holder information

PRINT or TYPE Legal name of account holder		
10-digit phone number	FEIN or Account number (only if you have an account)	
Mailing address (Street address or PO Box)		
City	State	ZIP code
Printed name of signee		
Title (Select one)		
Owner	Partner (Partnership or LLP)	
Corporate officer	LLC Manager or member	
Certification		
This power of attorney cancels all other power of attorney agreements for this business or individual.		
This power of attorney is in effect beginning _____ and continues until canceled.		
Date (mm/dd/yyyy)		
X _____		
Signature of authorized individual binding this agreement		Date signed (mm/dd/yyyy)
Notarization		
State of _____ County of _____		
Signed or attested before me on _____		
Date (mm/dd/yyyy)		
by _____		
Name of person signing this document		
(Stamp or seal)	X _____	
	Notary signature	

	Notary printed or stamped name	
Title _____	and _____	
	Notary expiration date (mm/dd/yyyy)	

Power of attorney cancellation

To cancel this power of attorney, complete the section below and send a copy to prorate and fuel tax services at the address provided in this form.

Cancel date

This power of attorney is canceled effective _____.
Date (mm/dd/yyyy)

Printed name of signee

Title (**Select one**)

Owner

LLC Manager or member

Corporate officer

Power of attorney

Partner (Partnership or LLP)

Authorization

X

Signature

Date signed (mm/dd/yyyy)