



Prorate and Fuel Tax Services Power of Attorney Assignment

A business or individual must file a Power of Attorney with Prorate and Fuel Tax Services when hiring an agent, reporting service, or another person who is not an employee of the company to:

- Complete and submit applications for establishing 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 Taxpayer Access Point (TAP) to view or access taxpayer accounts (Access to TAP allows the Attorney-in-Fact to add, view, and modify information and records.)

Send a copy of the completed form to:

Prorate and Fuel Tax Services
Department of Licensing
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 ultimately responsible for ensuring all reporting is completed, accurate, and timely.

This Power of Attorney assignment applies to the following account types *(check all that apply)*:

- IFTA IRP Fuel tax Unlicensed refunds

Account holder information

PRINT OR TYPE Account holder legal name		
FEIN or Account # (established accounts only)	(Area code) Phone #	
Mailing address		
City	State	ZIP code
Signature of authorized individual binding this agreement X		
Printed name of signee	Date	
Title <input type="checkbox"/> Owner <input type="checkbox"/> Partner (Partnership or LLP) <input type="checkbox"/> Corporate officer <input type="checkbox"/> LLC Manager or Member		

Attorney-in-Fact (Service agent) information

Attorney-in-Fact legal name		
Mailing address		
City	State	ZIP code
Primary contact name		
(Area code) Phone #		
Mail correspondence to <input type="checkbox"/> Account holder <input type="checkbox"/> Attorney-in-Fact		

This Power of Attorney is in effect beginning _____ and continues until canceled.

This Power of Attorney cancels all other Power of Attorney agreements for this business or individual.

Notarization

State of _____ County of _____

Signed or attested before me on _____ by _____
Name of person signing this document

(Seal or stamp)

Notary signature

Notary printed or stamped name

Title _____ and _____
Notary expiration date

Power of Attorney cancellation

To cancel this Power of Attorney, complete the information below and send a copy to Prorate and Fuel Tax Services at the address above.

Cancel date This Power of Attorney is canceled effective _____	
Signature X	Printed name of signee
Title <input type="checkbox"/> Owner <input type="checkbox"/> Corporate officer <input type="checkbox"/> Partner (Partnership or LLP) <input type="checkbox"/> LLC Manager or Member <input type="checkbox"/> Power of Attorney	