



Request for Replacement IFTA Decals

I _____ on behalf of _____ (print individual' s name) (entity name)	
holding IFTA Account # _____ certify that I/we did not receive (or were lost or stolen) IFTA decals numbered _____ for Calendar Year _____. In the event that they are found, I understand that they shall not be placed on any IFTA-Class vehicle, and agree that they will be promptly returned to the Colorado Department of Revenue, at the above address.	
Signature	Date (MM/DD/YY) ?
Subscribed and sworn to or affirmed before me this _____ day of _____, 20 _____ in the County of _____ State of _____	
Signature of Notary	My Commission Expires (MM/DD/YY) ?
SEAL	
This form must be notarized and the original must be mailed or delivered to the following address: Colorado Department of Revenue Fuel Tax Unit - Room 200 PO BOX 17087 Denver, CO 80217-0087	