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DR 7511 (04/17/20)  
COLORADO DEPARTMENT OF REVENUE  
Fuel Tax Unit, Room #200  
PO Box 17087  
Denver CO 80217-0087  
(303) 205-8205  
DOR\_FuelTax@state.co.us

## IFTA Lease Agreement Certificate

### Lessee (IFTA Account Holder)

I certify that a written lease agreement exists with the registered owner (lessor) designating me as being responsible for the reporting and payment of IFTA for the duration of the lease agreement.  
I will notify the Taxpayer Service Division in writing when this lease agreement expires or is terminated.

Lessee/IFTA Account Holder Business Name		IFTA Account Number	
Mailing Address			
City	State	Zip	
Contact Person Last Name	First Name	Middle Initial	
Phone Number	Email Address		
Lessee Signature	Date (MM/DD/YY)		
Lease Start Date (MM/DD/YY)	Expiration Date (12/31/current year)		

### Lessor (IRP - Vehicles Registrant) and (County Registrations - Registered Owner)

I certify that the agreement indicated above exists and that upon termination of the agreement, I will establish the required tax accounts or establish an agreement with another lessee.  
I further certify that I will be responsible for any IFTA tax liability accrued in the interim.

Lessor/Registered Owner Name-Last Name		First Name		IFTA Account Number
Mailing Address				
City	State	Zip		
Contact Person Last Name	First Name	Middle Initial		
Phone Number	Email Address			
Lessor Signature	Date (MM/DD/YY)			

**Include/attach current vehicle registration**

Submit this form by web message through your Revenue Online account or  
by email/mail using the contact information at the top of this form