

## IFTA Decal Replacement Request

Account Name

Decal Year

IFTA Account Number

FEIN or SSN

Mailing Address

City

State ZIP Code

Check this box if the mailing address has changed and requires updating

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Unit Number	Last 6 of VIN	Reason for Replacement (e.g. stolen, never received, etc.)	Decal Number Being Replaced
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Additional replacement requests are included on attached page(s).

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I certify under penalty of perjury in the second degree that to the best of my knowledge, the above information is true and correct and that if the decals being replaced are found, that they will not be placed on any vehicle and will be promptly returned to the Colorado Department of Revenue, at the above address.

Name

Title

Signature

Date (MM/DD/YY)

Email Address

Phone Number

If this form is being completed by a tax preparer, include a copy of a completed Colorado Power of Attorney form (DR 0145).

**Submit this form by web message through your Revenue Online account or by emailing**  
[DOR\\_fueltax@state.co.us](mailto:DOR_fueltax@state.co.us).