



IRP 307-777-4829 IFTA 307-777-4827 Fax 307-777-4772

## **Certification of Wyoming Residency**

This form must be completed prior to IRP/IFTA Registration or Renewal. Support documentation must be provided upon initial application, and each renewal year if location address has changed.

1.	Is your <b>only</b> place of business an office within your <u>pers</u>	onal residence in Wyoming?
	No (Please fill out the next page with details of y	our established place of business)
2.	Are you a Wyoming resident?	
	Yes (If you are a NEW registrant, or a RENEWING changed, please provide a copy of your Wy Drive residency such as personal vehicle registration, u owned, rental or lease agreement, etc.)	r's license and at least 2 other proofs of
	No (Please fill out the next page with details of yo	our established place of business)
re:	nder penalties of perjury, the registrant declares that it egistrant's knowledge true, accurate and complete. The residency is proven to be outside the State of Wyomie egistration fees will not be refunded. Please print or type	registrant understands that in the event the ng, the registrant will be suspended and
$C_0$		
CO	ompany Name	
	ompany Nameompany Physical Address	Date
Со		Date



## Motor Vehicle Services, IRP/IFTA Section 5300 Bishop Blvd, Cheyenne, WY 82009

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## **Certification of Wyoming Established Place of Business**

This form must be completed prior to IRP/IFTA Registration or Renewal. Support documentation must be provided upon initial application, and each renewal year if location address has changed.

1.	Are you a Wyoming resident operating your business out of your personal residence or home? Yes (Please complete the prior page)
2	No (Please continue)
2.	An established place of business is defined as a physical structure (not your home) open and staffed during regular business hours by one or more employees who manage the trucking related business (not contract employees). Trucking related business must constitute more than just credentialing, distance and fuel reporting and/or answering the phone. Employees must be in the permanent employment of the registrant, not contractual labor, performing trucking related duties.
	Yes (Please list the physical address of every "established place of business" in every jurisdiction. Attach a separate page if more space is required.)
3.	No (Please explain) Is the physical structure of the "established place of business" located in Wyoming and owned, leased, or rented by the fleet registrant?
	Yes (If you are a NEW registrant, or a RENEWING registrant whose location address has changed, please provide proof of ownership or lease/rental agreements)No (Please explain)
4.	Is this location staffed during regular business hours? (Monday – Friday 8 a.m. to 5p.m.)Yes
5.	No (Please explain) Can you produce an invoice from a Wyoming utility company for this location, listed in the name of the fleet registrant?Yes (If you are a NEW registrant, or a RENEWING registrant whose location address has changed, please provide invoice with physical location listed as the utility service address)No (Please explain)
6.	Is there a company employee(s) conducting the fleet registrant's business in the location during regular business hours?
	Yes (Please provide a copy of employee paystub and description of job duties)No (Please explain)
7.	Are the operational records of the fleet located at this location? YesNo If no, can the operational records be made available at the Wyoming location in the event of an audit? YesNo NOTE: If the records cannot be brought to the Wyoming location, the registrant must pay all costs of travel and per diem expenses that the auditors incur in conducting the examination, in accordance with the IRP Plan, Section 1020 and in accordance with IFTA Plan, Article III, Section 325.
tru	der penalties of perjury, the registrant declares that the information given is to the best of the registrant's knowledge e, accurate and complete. The registrant understands that in the event the established place of business is proven to outside the State of Wyoming, the registrant will be suspended and registration fees will not be refunded.
Cor	mpany Name Date
Cor	mpany Physical Address
Priı	nted Name of Registrant
Reg	gistrant's Signature