

Application for Wyoming International Fuel Tax Agreement (IFTA) License



WYDOT – IFTA
5300 BISHOP BLVD
CHEYENNE WY 82009
307-777-4827

Applicant Information	Name of Business Entity (Sole proprietorship – write your name here)			Trade name or Doing Business As name			
	Physical Address			City	County	State WY	Zip
	Mailing Address			City	County	State WY	Zip
	<input type="checkbox"/> Check if this address is your home <input type="checkbox"/> Other – Please Explain						
	<input type="checkbox"/> Check if this address is a business office List office hours: 						
	Contact Name		Email		Phone		
FEIN		US DOT Number		If you lease to another company, that company's US DOT Number:			
Organizational Structure	Organizational Structure: <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Co <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership						
	If a corporation or LLC, formed in which state and on what date:						
	If the applicant is a partnership, LLC or corporation, list names of all partners or principal officers:						
	Name		Title		Address		
Operational Information	Have you ever had an IFTA account in any other jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes, list jurisdiction:						
	Were you ever affiliated with a company that has been revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes, company name:						
	Do you plan to apply for an IRP account? <input type="checkbox"/> Yes, list state <input type="checkbox"/> No, why not						
	In which jurisdiction are your vehicles currently plated?						
	<input type="checkbox"/> Provide a list of all IFTA vehicles that are NOT Wyoming apportioned plated. Include VIN, Unit # and Plate #						
	Do you maintain bulk fuel? <input type="checkbox"/> No <input type="checkbox"/> Yes, list jurisdiction(s):						
	Fuel Type: Mark all that apply: <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Other:						
Describe the nature of the business requiring the use of a motor vehicle and list the commodities you transport:							
Agent	Service Provider Company <small>(Include Power of Attorney form)</small>				WY Account #		
	Mailing Address			City	State	Zip	
	Contact Name		Email		Phone		
Fees	IFTA License Fee \$10.00 PLUS IFTA Decal Fee of \$3.00 per pair (one pair per vehicle). Make check payable to WyDOT.						
	Number of decal sets requested _____ x \$3.00 = _____ + \$10.00 License Fee = \$ _____ Total Due						
I hereby certify that the information and statements made above are correct and acknowledge that false information could lead to the revocation of my IFTA account.							
Signature	Signature of Applicant				Date		
	Authorized Agent Signature				Date		