

New IFTA Account Checklist

Same day service is not guaranteed. We must have an original application to proceed. We encourage you to mail the application and all supporting forms to our office, WyDOT – IFTA, 5300 Bishop Blvd Cheyenne WY 82009. Mailing the paperwork gives us the opportunity to review it for completeness and accuracy, and to request additional information if needed. If you are missing a required document, we cannot issue the IFTA license or decals. Please call 307-777-4827 or email MVS@wyo.gov with any questions.

_____ IFTA [application](#)

_____ Proof of Valid EIN (SSN not allowed). Please provide a copy of the letter or email from the IRS which contains your assigned EIN. Please note that a sole proprietor must also have an EIN, a free process that takes minutes to create at: <https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>

_____ If an LLC or corporation, your account must be in good standing with the Wyoming Secretary of State's office; we will check their website before issuing credentials.
<https://wyobiz.wyo.gov/Business/FilingSearch.aspx>

_____ Your USDOT number must be active and in good standing. We will check with SAFER before issuing credentials: <https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>

_____ The [three annual forms](#) are complete and signed (Proof of Established Place of Business or Residency; Agreement to Prepare and Maintain Records; WyDOT Section 9 Safety Regulations)

Proof of Established Place of Business or Residency. Please note that a resident agent, virtual office, service provider or similar may **not** be used as a location address.

Established Place of Business (Additional proofs may be requested)

_____ Proof of a physical structure owned or leased by the applicant. Examples: copies of lease agreement, property tax bill or receipt, photos of business signage visible to the public.

_____ Utility bill in business's name, showing location address as the service address.

_____ Proof that the office is open and staffed during regular business hours by Wyoming employee(s) who perform(s) duties related to the general management of trucking related business (copies of pay stubs and job description or job posting).

_____ Income tax return for business showing a Wyoming address.

OR

Wyoming Residency (Copy of Wyoming Driver's license and at least two other proofs required; additional proofs may be requested)

_____ Copy of Wyoming Driver's license If registering as individual owner OR if registering as an LLC or Corporation with WY Secretary of State, a copy of Wyoming Driver's license held by a principal owner.

_____ Utility bill in personal name, showing location address as the service address.

_____ Personal vehicle registered in Wyoming in applicant's name.

_____ Property tax bill for personal residence in Wyoming.

_____ For leased properties, a copy of the lease. The lease must contain, at a minimum, the effective date of the lease, names and signatures of the lessee and lessor, the address of the property, and when the lease expires.

_____ Income tax return for individual showing Wyoming address.

_____ Other factors that clearly evidence the Applicant's legal residence in Wyoming.

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 (Include Power of Attorney form)				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		

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 **only** place of business an office within your personal residence in Wyoming?
 Yes
 No (Please fill out the next page with details of your established place of business)
2. Are you a Wyoming resident?
 Yes (If you are a **NEW** registrant, or a **RENEWING** registrant whose location address has changed, please provide a copy of your Wy Driver's license and at least 2 other proofs of residency such as personal vehicle registration, utility bill, property tax bill for residence if owned, rental or lease agreement, etc.)
 No (Please fill out the next page with details of your established place of business)

Under penalties of perjury, the registrant declares that the information given is to the best of the registrant's knowledge true, accurate and complete. The registrant understands that in the event the residency is proven to be outside the State of Wyoming, the registrant will be suspended and registration fees will not be refunded. Please print or type:

Company Name _____ Date _____

Company Physical Address _____

Printed Name of Registrant _____

Registrant's Signature _____



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.

- Are you a Wyoming resident operating your business out of your personal residence or home?
 Yes (Please complete the prior page)
 No (Please continue)
- Do you have an "established place of business" (outside of your personal residence) in Wyoming or any other jurisdiction? 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.) _____
 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) _____
- Is this location staffed during regular business hours? (Monday – Friday 8 a.m. to 5p.m.)
 Yes
 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) _____
- 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) _____
- Are the operational records of the fleet located at this location?
 Yes
 No If no, can the operational records be made available at the Wyoming location in the event of an audit?
 Yes No **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.

Under penalties of perjury, the registrant declares that the information given is to the best of the registrant's knowledge true, accurate and complete. The registrant understands that in the event the established place of business is proven to be outside the State of Wyoming, the registrant will be suspended and registration fees will not be refunded.

Company Name _____ Date _____

Company Physical Address _____

Printed Name of Registrant _____

Registrant's Signature _____

**WYDOT
MVS -IRP/IFTA
5300 Bishop Blvd
Cheyenne, WY 82009
www.dot.state.wy.us**

**AGREEMENT TO PREPARE AND MAINTAIN RECORDS IN ACCORDANCE WITH
THE INTERNATIONAL REGISTRATION PLAN AND THE INTERNATIONAL FUEL TAX AGREEMENT**

DISTANCE RECORDS (IFTA and IRP): You must maintain original **driver-prepared** Individual Vehicle Distance Record (**IVDR**) on each vehicle for each trip and recap on monthly and quarterly fleet summaries. Driver prepared source documents must include the following:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Date of trip (starting and ending) 2. Trip origin and destination 3. Route of travel (highway numbers) 4. Beginning and ending odometer/hubometer readings of the trip | <ol style="list-style-type: none"> 5. Total trip distance 6. Distance traveled in each Jurisdiction 7. Unit number or vehicle identification 8. Vehicle fleet number (for carriers with multiple fleets) |
|--|--|

Note: Licensees using on-board recording devices or GPS for reporting purposes should refer to the IFTA and IRP manuals for requirements. Odometer readings **and** physical distance record copies are still required when using on-board recording devices.

Accountable distance includes interjurisdictional and intrajurisdictional distance, loaded and empty distance, deadhead and/or bobtail distance, off-highway distance, and trip permit distance. All distance accumulated by the power units apportioned in the fleet within the preceding year (July 1 through June 30 proceeding the registration year) must be reported as **actual** on the IRP application.

Interjurisdictional Travel: Apportioned registration is intended for commercial vehicles traveling in two or more member jurisdictions. Vehicles traveling only in one jurisdiction are not eligible for apportionment and are subject to full registration fees.

FUEL RECORDS (IFTA Only): You must maintain original fuel source documents for each fuel type for each vehicle. This information should flow into monthly and quarterly fleet summaries. Over-the-road fuel purchases and bulk fuel purchases are to be accounted for separately:

Over-the-Road Fuel Purchases must be supported by a receipt, invoice, credit card receipt, or an automated vendor-generated invoice or transaction listing for **tax-paid** credit. An **acceptable** fuel receipt or invoice must include:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Date of purchase 2. Name and address of seller 3. Number of gallons/liters purchased 4. Type of fuel purchased | <ol style="list-style-type: none"> 5. Price per gallon/liter 6. Unit number or vehicle identification 7. Licensee's name |
|--|---|

Bulk Storage Fuel Purchases must be supported by delivery tickets and/or receipts. You must also have a reliable meter on your bulk tank. To receive tax paid credit the following information must be maintained:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Date of withdrawal 2. Number of gallons/liters withdrawn 3. Type of fuel 4. Unit number or vehicle identification | <ol style="list-style-type: none"> 4. Unit number or vehicle identification 5. Purchase and inventory records showing tax paid on all bulk withdrawals 6. Meter readings, inventory measurements, and monthly reconciliations |
|---|--|

RECORD RETENTION: All records pertaining to IFTA must be kept for four years, including unused decals. IRP distance records must be retained to support the reported distance for the **current registration year and three previous registration years**. Failure to make records available or provide adequate records for audit may result in an assessment based on estimation in the amount of 20% of the Apportionable Fees paid by the Registrant for the registration of its Fleet in the Registration Year to which the records pertain including Apportionable Fees based on Estimated Distance for the first offense. In an instance where the Registrant has a second such offense, the assessment will be 50%. In an instance where the Registrant has a third offense, the assessment will be 100%.

DECLARATION: The undersigned has read this document, and agrees to prepare and maintain records and report information in accordance with the IRP and IFTA requirements. I understand failure to maintain complete records could result in disallowing all tax-paid fuel credit and reducing MPG to 4.00 for IFTA. WY IRP percent can be increased to 20%, 50% or up to 100% and privileges may be canceled if records are unacceptable.

COMPANY NAME		ACCOUNT NUMBER	DATE
AUTHORIZED EMPLOYEE'S NAME (PRINT)	SIGNATURE	TITLE	

NOTE: This document must be signed by a corporate officer, owner, partner, or an authorized company employee, not a registration service agent.
CC-102 10/18

WYOMING DEPARTMENT OF TRANSPORTATION
Section 9 – Safety Regulations

The Wyoming Department of Transportation requires that all carriers operating under authority of permits or certificates issued by the Department comply strictly with:

- a) all Wyoming laws pertaining to safe operation and such rules and regulations promulgated by the Wyoming Department of Transportation.
- b) the following hazardous materials regulations of the United States Department of Transportation: 49 CFR Parts 105 through 107, 109, 110, 130, and 171 through 180; and
- c) the following USDOT motor carrier safety regulations: 49 CFR Parts 40, 303, 325, 350, 355, 356, 360, and 365 through 399 for interstate transportation and as amended in Appendix A to these rules for intrastate transportation.

The Wyoming Motor Carrier Rules and Regulations containing Section 9 and its appendix are available at no charge on the Wyoming Secretary of State's website at <https://rules.wyo.gov/Search.aspx?mode=1>

Copies of Federal Regulations may be obtained by checking with the following:

Wyoming Trucking Association
P.O. Box 1175
555 N. Poplar Ave.
Casper, WY 82602
(307) 234-1579
wtaoffice@wytruck.org
www.wytruck.org

J. J. Keller & Associates, Inc.
P. O. Box 368
3003 Breezewood Lane
Neenah, WI 54957
(877) 564-2333
sales@jjkeller.com
www.jjkeller.com/learn/custom-fmcsr

Labelmaster
5724 N. Pulaski Rd.
Chicago, IL 60646
(800) 621-5808
orders@labelmaster.com
www.labelmaster.com/shop/regulatory-publications

Government Printing Office Superintendent
of Documents
732 North Capitol Street, N.W. Washington,
DC 20401-0001
(202) 512-1800
www.ecfr.gov

I hereby declare I am aware of the Wyoming Motor Carrier Safety Regulations applicable to my operations.

Carrier Name- PLEASE PRINT
(As it appears on your operating authority)

DOT #

Signature of Carrier Representative

Date

Note that this document may be shared with:

Wyoming Highway Patrol
Commercial Carrier Section
5300 Bishop Blvd.
Cheyenne, WY 82009-3340