



APPLICATION FOR WOMAN VETERAN DECAL

APPLICANT AND VEHICLE INFORMATION			
STEP #1	Applicant(s) Name-(<i>exactly as it appears on title</i>)		Daytime Phone Number
	Mailing Address	City	State ZIP
	Vehicle Make	Body Style (ex: Truck, Passenger, Trailer, Motorcycle)	
	Wyoming Military License Plate Number	E-mail Address	
STEP #2	AFFIDAVIT I HEREBY SWEAR OR AFFIRM that I am the owner of the vehicle and license plate described. I declare that the information contained in this application is complete and accurate.		
	Signature of Applicant		Date
STEP #3	APPLICANT SHALL MAIL THIS APPLICATION AND \$5 FEE TO: WYDOT, ATTN: Motor Vehicle Services, 5300 Bishop Blvd., Cheyenne, Wyoming 82009-3340 FOR ADDITIONAL INFORMATION PLEASE CALL: 307-777-4709 or email mvsplates@wyo.gov		
FOR WYDOT USE ONLY			
Issued By		Date	