## APPLICATION FOR TRANSPORTER PERMIT AND PLATES

DEPARTMENT

## APPLICANT INFORMATION

Full Name Under Which Business Will Be Operated (NO DBA)


## AFFIDAVIT

I hereby swear or affirm under penalty of perjury that all information on this application is true and correct and that I am lawfully applying for Wyoming Transporter Plates and Certificate to transport new vehicles from manufacturing or assembly points to agents of manufacturers or dealers in Wyoming or in other states, territories or foreign countries or provinces by the drive away or tow away method. I understand any false statements regarding the above requirements could subject my license or application to denial or revocation. I, as owner, partner, officer, or branch manager have the authority to sign this application.

| Signature of Owner, Partner, Corporate Officer | Title | Date |
| :--- | :--- | :--- |

APPLICANT SHALL MAIL THIS APPLICATION AND FEE TO: 82009-3340

FOR ADDITIONAL INFORMATION PLEASE CALL: 307-777-4709
or email mvsplates@wyo.gov

## FOR WYDOT USE ONLY

| Certificate number | Issued By |
| :--- | :--- |

Date

MV-151 (10/21)

