



**ORGANIZED MOTOR VEHICLE SALE LETTER OF AUTHORIZATION**

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According to Wyoming Statute 31-16-103 (g)(ii): Before operating in an organized motor vehicle show, a licensed dealer shall notify the department in writing not later than fourteen (14) days prior to the date of the show and obtain a letter of authorization from the department to operate in an organized motor vehicle show within the county of the principal place of business. A dealer may operate in not more than four (4) shows in any calendar year and each show shall not exceed seven (7) consecutive days. The letter of authorization to operate in an organized motor vehicle show shall be displayed in a location at the show where any peace officer or designated member of the department can examine it.  
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**DEALER INFORMATION**

**Return to address/fax/email at bottom of page for authorization or Call 307-777-3815 for assistance**

1.) \_\_\_\_\_  
Dealer Name / Dealer License Number

2.) \_\_\_\_\_  
Dealer Mailing Address / City / Zip Code

3.) PLEASE LIST THE PHYSICAL ADDRESS OF THE "ORGANIZED MOTOR VEHICLE SHOW". Also, list any other name the address is known by, such as, "The Old Fairgrounds" etc.:

\_\_\_\_\_  
\_\_\_\_\_

4.) PLEASE LIST THE DATES OF THE "ORGANIZED MOTOR VEHICLE SHOW":

From \_\_\_\_\_ To \_\_\_\_\_

5.) INDICATE THE TYPE OF VEHICLES YOU WILL BE SELLING AT THE "ORGANIZED MOTOR VEHICLE SHOW" (New, Used, etc.)

\_\_\_\_\_  
\_\_\_\_\_

6.) PLEASE LIST THE DATE THE APPLICATION WAS COMPLETED: \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

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**AUTHORIZATION TO OPERATE IN AN ORGANIZED MOTOR VEHICLE SHOW**

**(To be completed by WYDOT Compliance & Investigation-Invalid without WYDOT Stamp)**

A.) The department has reviewed the request for authorization to operate in an organized motor vehicle show.

B.) The department authorizes the applicant to participate in an organized motor vehicle show at the address from number 3 listed above.

\_\_\_\_\_ Yes      Comments: \_\_\_\_\_

\_\_\_\_\_ No      \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

MAIL/FAX /EMAIL TO:

Wyoming Department of Transportation  
Compliance & Investigations  
5300 Bishop Boulevard  
Cheyenne, Wyoming 82009-3340  
307-777-4229  
dot-compliance@wyo.gov

**MUST BE SUBMITTED 14  
DAYS PRIOR TO SHOW**