

New IRP Account Checklist

Same day service is not guaranteed. We encourage you to mail the application and all supporting forms to our office. 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 plates / cab cards / registration stickers.

To expedite the processing of your new IRP account to receive apportioned plates, please provide the following support documentation. Any incomplete or missing documentation will prevent us from registering your vehicles. You must also submit an IRP application and an A/C form for the units you are registering.

_____ 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; IRP Section 15 Safety Regulations)

_____ Signed and completed copy of [Wyoming Schedule B](#) (Distance form)

_____ You must complete a [power of attorney form](#) to grant a third party or service provider the ability to make changes to your account, such as adding or deleting vehicles, changing weights or submitting renewal paperwork.

_____ IRS Form 2290, Heavy Vehicle Use Tax for vehicles 55,000 pounds or more. Note that this form encompasses July 1 – June 30. We must have the current year's form for each vehicle; the form must be watermarked if e-filed, or stamped by an IRS Service Center. Please ensure the VIN is accurate on the 2290, and that the weight group reported to the IRS matches the declared GVW listed on the A/C form.

_____ Proof of Insurance: Expiration must be a future date, and must be either a fleet level document, or list the VIN for each vehicle you list on the A/C form. We prefer an insurance card or certificate of liability insurance; we will accept a Declarations Page. We will NOT accept a Policy Endorsement by itself, nor a document titled, "Evidence of Commercial Property Insurance."

_____ Copy of title for each vehicle you are adding to your account.

_____ If you have an out of state title, we need a copy of the vehicle's current registration.

_____ If your registration has expired, we need a copy of the driver's license or SOS paperwork for the person or entity listed on the title. Note that Wyoming is a continuous registration state; you will be charged back fees to bring the registration current.

_____ If new vehicle under 10K pounds, copy of sales tax receipt issued by your local County Clerk.

_____ If you are using another company's DOT, provide lease agreements. The agreement must contain, at a minimum, the effective date of the lease, names and signatures of the lessee and lessor, the VIN / make / year, and the payment terms (by month, by mile, by load, etc.)

Proof of Established Place of Business or Residency

Proofs. You must provide at least three proofs, depending on if you have an Established Place of Business or if you are establishing Wyoming Residency (most common option for owner/operators operating out of their home.) Please note that a resident agent, virtual office, service provider or similar may **not** be used as a location address.

Established Place of Business (minimum of 3 proofs required; additional proofs may be requested)

- _____ Utility bill in business's name, showing location address as the service address.
- _____ Income tax return for business showing WY address.
- _____ 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.
- _____ Proof that the office is open and staffed during regular business hours by a full time employee (not part time).
- _____ Proof of WY employee(s) who perform(s) duties related to the general management of trucking related business.

OR

Wyoming Residency (minimum of 3 proofs required; additional proofs may be requested)

- _____ If registering as individual owner not an LLC or corporation, **must** provide a copy of a valid WY driver's license for the applicant.
- _____ Utility bill in personal name, showing location address as the service address.
- _____ Personal vehicle titled in applicant's name.
- _____ Property tax bill for personal residence.
- _____ Income tax return for individual showing WY address.
- _____ 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.
- _____ Registration as an LLC or Corporation with WY Secretary of State; with principal owner being a WY resident as evidenced by holding a Wyoming Driver's License.
- _____ Other factors that clearly evidence Applicant's legal residence in Wyoming.

Our office hours are 8:00 am to 4:30 pm, Monday – Friday, excluding holidays.
Please call 307-777-4829 or email MVS@wyo.gov with any questions.
Location: 5300 Bishop Blvd Cheyenne WY 82009

New applications will not be processed after 3:00 pm.

**APPLICATION FOR WYOMING BASED
APPORTIONED LICENSE PLATES
INTERNATIONAL REGISTRATION PLAN (IRP)**

**WYDOT – IRP
5300 Bishop Blvd
Cheyenne, WY 82009
307-777-4829**

STEP #1	APPLICANT INFORMATION				
	Name of Business Entity (Sole proprietor- write your name here)			Trade Name or d/b/a	
	Physical Address		City	County	State WY
	Check if this address is your home. <input type="checkbox"/> Other - Please explain _____ Check if this address is a business office. List office hours _____				
	Customer Phone Number		Customer Fax Number		Customer E-Mail
	Mailing Address		City	State	ZIP
	Check here if this mailing address is for a reporting service or agent. (Please attach POA.)				
	Agent Phone Number		Agent Fax Number		Agent E-Mail
Federal ID Number		U.S. DOT Number	If you lease to another company, that company's U.S. DOT Number		
STEP #2	ORGANIZATIONAL STRUCTURE				
	<input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> A Limited Liability Company <input type="checkbox"/> A Corporation				
	If a corporation or an LLC, incorporated/organized under the laws of:				
	The State of:		Date of Incorporation/Articles of Organization:		
	If the applicant is a Partnership, Limited Liability Co, or Corporation, list names of all partners or principle officers.				
	Name	Title	Address		
STEP #3	OPERATIONAL INFORMATION				
	Where are your vehicles currently registered? _____				
	Have you ever been previously registered with apportioned plates? Yes No				
	Check all that apply and provide jurisdiction: IRP _____ IFTA _____				
	Were you ever affiliated with a company that has been revoked? Yes, Name Company _____ No				
	Do you plan to apply for an IFTA account? Yes, list state _____ No, why not _____				
	Carrier Type: <input type="checkbox"/> Exempt <input type="checkbox"/> Private Carrier <input type="checkbox"/> Household goods <input type="checkbox"/> Owner-Operator Under Lease <input type="checkbox"/> Common/Contract Carrier <input type="checkbox"/> Rental or Leasing Company <input type="checkbox"/> Hazardous Materials Carrier				
Describe the nature of the business requiring the use of a motor vehicle and list the commodities you transport.					
STEP #4	I hereby certify that the information and statements made above are correct and acknowledge that false information could lead to revocation of my IRP account.				
	Signature of Applicant			Date	
	Authorized Agent of Applicant (Please attach POA.)			Date	



International Registration Plan (IRP) Wyoming Schedule B

WyDOT Motor Vehicle Services
5300 Bishop Blvd
Cheyenne WY 82009

Phone: 307-777-4829
Fax: 307-777-4772
E-mail: MVS@wyo.gov

Instructions - Complete this form when establishing a new IRP fleet or renewing an IRP fleet. Select, sign and date one of the following statements:

Registration Year	Wy Account #	Fleet #	Supplement No.	Account Legal Name	<input type="checkbox"/> Renewal Fleet <input type="checkbox"/> New Fleet
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- ☐ While under current ownership, the vehicle(s) to be registered in this fleet **did** accrue actual distance during the Reporting Period in one or more IRP jurisdictions. For each jurisdiction in which the vehicle(s) operated during the Reporting Period, declare the actual distance below. The Reporting Period is the previous July 1 through the most recently occurring June 30 except fleets expiring June 30, which use the Reporting Period with June 30 occurring in the previous calendar year. No other time frame may be used.

Signature _____ **Printed Name** _____ **Date** _____

- ☐ While under current ownership, the vehicle(s) to be registered in this fleet **did not** accrue actual distance during the Reporting Period in any IRP jurisdiction. Leave the distance portion of this form blank. The current Wyoming Average Per-Vehicle Distance (APVD) chart will be used.

Signature _____ **Printed Name** _____ **Date** _____

Jurisdiction		Actual Distance	Jurisdiction		Actual Distance	Jurisdiction		Actual Distance	Jurisdiction		Actual Distance
AL	Alabama		KY	Kentucky		NM	New Mexico		WA	Washington	
AR	Arkansas		LA	Louisiana		NV	Nevada		WI	Wisconsin	
AZ	Arizona		MA	Massachusetts		NY	New York		WV	West Virginia	
CA	California		MD	Maryland		OH	Ohio		WY	Wyoming	
CO	Colorado		ME	Maine		OK	Oklahoma		AB	Alberta	
CT	Connecticut		MI	Michigan		OR	Oregon		BC	Brit. Columbia	
DC	Dist. of Columbia		MN	Minnesota		PA	Pennsylvania		MB	Manitoba	
DE	Delaware		MO	Missouri		RI	Rhode Island		NB	New Brunswick	
FL	Florida		MS	Mississippi		SC	South Carolina		NL	Newfoundland	
GA	Georgia		MT	Montana		SD	South Dakota		NS	Nova Scotia	
IA	Iowa		NC	North Carolina		TN	Tennessee		ON	Ontario	
ID	Idaho		ND	North Dakota		TX	Texas		PE	Prince Ed Isl	
IL	Illinois		NE	Nebraska		UT	Utah		QC	Quebec	
IN	Indiana		NH	New Hampshire		VA	Virginia		SK	Saskatchewan	
KS	Kansas		NJ	New Jersey		VT	Vermont		Distance Total		

The current Wyoming APVD chart is available upon request. Distance records must be retained for the current Registration Year and three prior years, and made available for audit upon request. The IRP distance reporting requirements are available at www.irponline.org. For assistance in completing this form, contact Motor Vehicle Services at 307-777-4429 or MVS@wyo.gov, M-F 8:00 - 4:30 PM Mountain Time.

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.

1. Are you a Wyoming resident operating your business out of your personal residence or home?
☐ Yes (Please complete the prior page)
☐ No (Please continue)
2. 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) _____
3. 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) _____
4. Is this location staffed during regular business hours? (Monday – Friday 8 a.m. to 5p.m.)
☐ Yes
☐ No (Please explain) _____
5. 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) _____
6. 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) _____
7. 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:

- | | |
|---|---|
| 1. Date of trip (starting and ending) | 5. Total trip distance |
| 2. Trip origin and destination | 6. Distance traveled in each Jurisdiction |
| 3. Route of travel (highway numbers) | 7. Unit number or vehicle identification |
| 4. Beginning and ending odometer/hubometer readings of the trip | 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:

- | | |
|---------------------------------------|--|
| 1. Date of purchase | 5. Price per gallon/liter |
| 2. Name and address of seller | 6. Unit number or vehicle identification |
| 3. Number of gallons/liters purchased | 7. Licensee's name |
| 4. Type of fuel purchased | |

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:

- | | |
|--|--|
| 1. Date of withdrawal | 4. Unit number or vehicle identification |
| 2. Number of gallons/liters withdrawn | 5. Purchase and inventory records showing tax paid on all bulk withdrawals |
| 3. Type of fuel | 6. Meter readings, inventory measurements, and monthly reconciliations |
| 4. Unit number or vehicle identification | |

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.

MVS 10/18

WYOMING DEPARTMENT OF TRANSPORTATION
Section 15 – 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 107, 130, 171 through 173 and 177 through 180 and
- c) the following motor carrier safety regulations of the United States Department of Transportation: 49 CFR parts 40, 373, 382, 383, 385, 390, 391, 392, 393, 395, 396 and 397 or interstate transportation and as amended in the appendix to Chapter 1 for intrastate transportation.

The Wyoming Motor Carrier Rules and Regulations containing Section 15 and its appendix are available at no charge on the Wyoming Department of Transportation's website at www.dot.state.wy.us.

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

Wyoming Trucking Association
P. O. Box 1909
555 N. Poplar Ave.
Casper, WY 82602
(307) 234-1579
www.wytruck.org

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

Labelmaster
5724 N. Pulaski Rd.
Chicago, IL 60646
(800) 621-5808
www.labelmaster.com

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

RETURN THE ABOVE SIGNED PORTION TO:

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

WYOMING APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C																						
<input type="checkbox"/> CHECK HERE IF THIS IS A NEW ACCOUNT					<input type="checkbox"/> CHECK HERE IF YOU NEED A TEMPORARY PERMIT					FOR WYDOT USE ONLY					SUPPLEMENT #			WEIGHT GROUP				
SECTION 1	(1) Applicant Name				(2) Business Street Address				(3) City			(4) State		(5) Zip Code		(6) Applicant Phone No.						
	(7) <input type="checkbox"/> Check here for Name or Address Change You must provide 3 proofs of the new physical address.				(8) Account No.			(9) Fleet No.		(10) Business Mailing Address (if different)					(11) City		(12) State		(13) Zip Code			
	(14) TIN Taxpayer Identification Number				(15) US DOT Number of Applicant				(16) Contact Person			(17) Phone Number			(18) Email Address							
SECTION 2	VEHICLE INFORMATION: See ALPHA CODES below. List only one vehicle per line. Do not duplicate equipment numbers. Continue listing on an additional form if necessary.																					
	ALPHA CODES Questions 1, 7, & 10			1) TRANSACTION TYPE: A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate W = Weight Increase N = DOT # Change T = Title Update R = Replacement Stickers U = Unit # Change				7) VEHICLE TYPE: TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) ST = Any trailer BS = Bus CR = Crane WK = Wrecker/Tow Truck								10) FUEL TYPE: D = Diesel G = Gas P = Propane E = Electric H = Hybrid O = Other						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(13a)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	T R A N S	T Y P E S	✓ Unit Travels 9,999 mi or less	Owners Unit Number	Year	Make of Vehicle (four letters)	Vehicle Identification Number	Vehicle Type	Number of axles or bus seats	Unladen Weight (empty)	F U E L	Declared Gross or Combined Weight in all states except as listed below in Section 3	Purchase Price of Vehicle	Date of Purchase or Lease Mo/Yr	✓ If lease	C O L O R	Factory Price of Vehicle	US DOT No. Responsible for Safety	✓ See Inst. Section Two	✓ See Inst. Section Two	Title Number	Plate Number
	(21) If deleting a unit, list the reason for deletion. (IE sold, junked, traded-in, etc. Provide proof of sale for possible credit on subsequent purchase)																					
	(22) Notes:																					
SECTION 3	WEIGHT INFORMATION:				AB	CA	FL	IN	MB	MO	ND	NM	OK	QC	TN	WA						
	If you will operate at a different weight (other than what is in column 11) in other states, indicate that weight by the corresponding state(s).				AL	CO	GA	KS	MD	MS	NE	NS	ON	RI	TX	WI						
					AR	CT	IA	KY	ME	MT	NH	NV	OR	SC	UT	WV						
					AZ	DC	ID	LA	MI	NB	NJ	NY	PA	SD	VA	WY						
					BC	DE	IL	MA	MN	NC	NL	OH	PE	SK	VT							
<ul style="list-style-type: none">I declare I am authorized to represent that the applicant<ul style="list-style-type: none">has knowledge of federal and state motor carrier safety and hazardous materials laws and regulations;accepts full responsibility for all fees and taxes related to vehicle operations;has paid all applicable federal highway use taxes related to vehicles being registered through this application.I further declare that all information on this application and any attachment is true, correct and complete to the best of my knowledge.I hereby certify that the listed vehicles are covered by a motor vehicle liability policy in full force and effect in amounts provided by W.S. 31-9-405 or a bond on file with the department in amounts provided by W.S. 31-9-102.																						
Title (Owner, LLC member, officer, etc.)				Printed Name							Signature							Date				

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

VERY IMPORTANT VERY IMPORTANT VERY IMPORTANT VERY IMPORTANT

- ❖ Owners of the vehicles registered at 55,000 lbs. or over must furnish evidence of having paid IRS Federal Highway Use Tax (Schedule 1-2290 form receipted by the IRS).
- ❖ **The Schedule A/C Apportioned Registration Application form will be returned to applicant if any applicable information is not filled out or application is not legible.** Applicant **WILL NOT** receive their credentials if the application form and payment are not accompanied by a Federal Schedule 1-2290 form receipted by the IRS when applicable, Wyoming title and proof of insurance. If no Wyoming title, provide a copy of the out of state title and current registration, or if new purchase, a copy of bill of sale with title to follow once issued.
- ❖ **THE DOT NUMBER ON A VEHICLE’S CAB CARD MUST MATCH THE DOT NUMBER OF THE CARRIER RESPONSIBLE FOR SAFETY. IF THESE NUMBERS DO NOT MATCH, CONTACT MOTOR VEHICLE SERVICES IMMEDIATELY.**

SCHEDULE A/C INSTRUCTIONS

Check the box if this is a new account.
Check the box if you need a temporary permit.

Section One

- 1) The Name of the Applicant** - The full name of the operation carrier or name under which the individual does business.
- 2-5) Business Street Address, City, State, Zip** - Where the Applicant has an established place of business /or/ residence. Where the business /or/ residence is physically located. *Note that registered agent, mail boxes or virtual offices may **not** be used as your street address.*
- 6) Applicant Phone Number**
- 7) Name or Address Change?** - Indicate if this is a name or address change. Provide 3 proofs of new physical address.
- 8) Account Number** - Assigned by the Wyoming Department of Transportation. If one has not been assigned, leave blank.
- 9) Fleet Number** - If more than one fleet is submitted under the same company name, use separate forms and designate as 1, 2, etc. Example: Fleet 1, Unit 1 Operates WY, CO, NE; Fleet 2, Unit 2 operates WY, ID, UT.

- 10-13) Business Mailing Address, City, State, Zip**
Where the registration credentials should be mailed and/or where the applicant desires correspondence to be mailed or directed.
- 14) Taxpayer Identification Number (TIN)** - Write Federal ID number. Social Security Numbers are not accepted.
- 15) DOT Number** - Enter US DOT Number. This must match either the applicant name or the name on the lease agreement.
- 16) Contact Person** - The Person responsible for your paperwork or who is familiar with the requirements of the application.
- 17) Telephone Number** - Telephone number including the area code of the person to contact regarding this application.
- 18) Email Address** - Email address of contact person

Section Two

- 1) Transaction Type** - Select from codes listed in Section 2: A, D, C, L, N, T, R, U, W
- 2) Low Mileage Vehicle** - Unit travels less than 10,000 miles per year, check this column.
- 3) Unit Number** - Enter the unit number assigned by the Applicant. Do not duplicate any unit number.
- 4) Year of Vehicle** - The model year of the vehicle.

Section Two (cont.)

- 5) Make of Vehicle** - The make of the vehicle using a four letter abbreviation (Example: Peterbuilt = “PTRB”).
- 6) Vehicle Identification Number** - The vehicle identification number (VIN) shown on your vehicle’s certificate of title. The complete VIN must be recorded.
- 7) Vehicle Type** - Select from codes listed in Section 2: TK, TR, ST, BS, CR, WK
- 8) Axles or Seats** - The number of axles, including axles in tandem group or the rated seating capacity if the vehicle is a bus.
- 9) Unladen Weight** - The actual weight of the vehicle including the cab, body and all accessories with which the vehicle is equipped for normal use on the highway excluding any load weight.
- 10) Fuel** - The type of fuel being used by the power unit. Select from codes listed Section 2: D, G, P, E, H, O
- 11) Declared Gross or Combined Weight** - The individual vehicle gross weight. (Equal to the empty weight of the truck-tractor and trailer plus the heaviest load to be transported in all states except as listed in Section 3
- 12) Purchase Price of Vehicle** - The actual purchase price of the vehicle when new or the actual purchase price of the vehicle paid by the current owner.
- 13) Date of Purchase and/or Lease** - Month/Year in which vehicle was purchased or leased.
- 13a) Check v** If the vehicle is being leased. Must provide copy of the lease.
- 14) Color** Two character color code
- 15) Factory Price of Vehicle**
MSRP when new. (Listed on WY title.)
- (16) US DOT No. Responsible for Safety**
Enter US DOT No. of person responsible for vehicle safety.
- 17) Check v**
If motor carrier US DOT Number has changed since your last application.

Section Two (cont.)

- 18) Check v**
If the motor carrier responsible for the safety of this vehicle is expected to change during this registration year.
- 19) Title Number**
The current Title Number. (May be obtained from your title or from your local County.)
- 20) Current License Plate Number**
Indicate the Apportioned license plate number which is currently assigned to the vehicle. Leave blank if this is a new vehicle.
- 21) Reason for Deletion**
If deleting a unit, please indicate the reason for deletion. Provide proof of sale for possible credit on subsequent purchase.
- 22) Notes** Include additional information if needed

Section Three

If you will operate at a weight different from the weight listed in column 11 in other states, indicate the different weight next to the corresponding state(s). **EXAMPLE:** If Column 11 is 80,000 and you will operate in Oklahoma at 90,000, type “90,000” next to OK.

Sign and Date Application

Mail completed initial application to:
WYDOT - IRP Section
5300 Bishop Blvd.
Cheyenne, WY 82009

Questions? Call IRP at 307-777-4829

Changes to existing accounts may be emailed to mvs@wyo.gov Please put Attention IRP in subject line