

New IRP Account Checklist

Same day service is not guaranteed. We must have an original signed application to proceed. We encourage you to mail the application and all supporting forms to our office, WyDOT – IRP, 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 plates / cab cards / registration stickers. Please call 307- 777-4829 or email MVS@wyo.gov with any questions.

_____ [Wyoming IRP 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>

_____ [Proof of Established Place of Business or Residency](#), with supporting documents

_____ 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. If your location address on SAFER does not match the location address on your application, you must include supporting documentation: <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)

_____ Signed and completed copy of [Wyoming Schedule B](#) (Distance form) and supporting documentation if prior IRP account.

_____ 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.

_____ [Schedule A/C form](#) (add/change form) for the units you are registering.

_____ 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 the name on the title is different from the name of the IRP applicant, provide a copy of the lease agreement. 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 of the vehicle(s), and the payment terms (by month, by mile, by load, etc.)

_____ If you have a Wyoming title more than 60 days old, we need a copy of the vehicle’s current registration

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

_____ If your vehicle 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 assessed back fees to bring the registration current.

_____ If new vehicle is under 10K pounds GVW, a 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, the DOT number you will be operating under and the payment terms (by month, by mile, by load, etc.)

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

IRP Proof of Established Place of Business or Residency

Effective 10/01/2025, [the IRP plan](#) defines the established place of business as: "... a physical structure located within the Base Jurisdiction that is owned or leased, such lease agreements shall be for no less than 12 months by the Applicant or Registrant and whose street address shall be specified by the Applicant or Registrant. The physical structure shall have clear company signage and hours of operation posted, be open for business and shall be staffed a minimum of 20 hours per week by one or more persons employed by the Applicant or Registrant on a permanent basis (i.e., not an independent contractor) for the purpose of the general management of the Applicant's or Registrant's trucking-related business (i.e., not limited to credentialing, distance and fuel reporting, and answering telephone inquiries). Trucking-related business encompasses a wide range of activities related to the transportation of goods by truck...

...For the purposes of the IRP Established Place of Business requirements, virtual and/or shared office spaces shall not qualify. Shared or virtual offices: Shared or virtual offices are spaces where multiple businesses or individuals share common facilities and resource, such as office space, meeting rooms, and administrative services shall not be used to qualify for an Established Place of Business under the IRP.

Records concerning the Fleet shall be maintained at this physical structure (unless such records are to be made available in accordance with the provisions of Section 1035). The Base Jurisdiction may accept information it deems pertinent to verify that an Applicant or Registrant has an Established Place of Business within the Base Jurisdiction."

An Applicant that does not have an Established Place of Business in any Jurisdiction may designate as Base Jurisdiction any Member Jurisdiction (i) where the Applicant can demonstrate Residence, (ii) where the Fleet the Applicant seeks to register under the Plan accrues distance, and (iii) where Operational Records of the Fleet are maintained or can be made available..."

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 BASED APPORTIONED LICENSE PLATES INTERNATIONAL REGISTRATION PLAN (IRP)



WYDOT – IRP
5300 BISHOP BLVD
CHEYENNE WY 82009
307-777-4829 MVS@wyo.gov

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	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	Are your vehicles currently registered? <input type="checkbox"/> NO <input type="checkbox"/> YES, where?					
	Have you ever been previously registered with apportioned plates or IFTA? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	Check all that apply and provide jurisdiction: <input type="checkbox"/> IRP <input type="checkbox"/> IFTA					
	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 IFTA? <input type="checkbox"/> YES, list state: <input type="checkbox"/> NO, why not? (Note that IFTA is a separate application)					
	Carrier Type: <input type="checkbox"/> Exempt <input type="checkbox"/> Common/Contract Carrier <input type="checkbox"/> Household goods <input type="checkbox"/> Rental or leasing company <input type="checkbox"/> Private Carrier <input type="checkbox"/> Owner/operator under lease <input type="checkbox"/> Hazardous materials					
	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	
I hereby certify that the information and statements made above are correct and acknowledge that false information could lead to the revocation of my IRP account.						
Signature	Signature of Applicant (computer generated signatures not acceptable)			Date		
	Authorized Agent Signature (computer generated signatures not acceptable)			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

Applicant Legal Name	Mailing Address:	DOT #
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Instructions - Complete this form when establishing a new or returning IRP fleet in Wyoming. Select, sign and date one of the following statements:

While under current ownership, the vehicle(s) to be registered in this fleet **did not** accrue actual distance during the Reporting Period while being registered via IRP in a qualifying 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:
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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 while being registered via IRP in a qualifying jurisdiction. 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:
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This chart lists miles traveled by the entire IRP fleet for the time frame of July 1, _____ through June 30, _____.

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 Island	
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 307-777-4829 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 _____



Motor Vehicle Services, IRP/IFTA Section
5300 Bishop Blvd, Cheyenne, WY 82009

www.dot.state.wy.us

IRP 307-777-4829
IFTA 307-777-4827
Fax 307-777-4772

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:

- | | |
|---|---|
| 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.
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

WYOMING APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

CHECK HERE IF THIS IS A NEW ACCOUNT CHECK HERE IF YOU NEED A TEMPORARY PERMIT. **NOTE IF TEMP IS ISSUED, ALL REGISTRATION FEES ARE DUE** 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		

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 N = DOT # Change D = Deleting a Vehicle T = Title Update C = Lost Cab Card R = Replacement Stickers L = Lost Plate U = Unit # Change W = Weight Increase	7) VEHICLE TYPE: TK = Straight Truck (pickup, box truck, van, etc) BS = Bus TR = Tractor (semi) CR = Crane ST = Any trailer WK = Wrecker/Tow Truck	10) FUEL TYPE: D = Diesel E = Electric G = Gas H = Hybrid P = Propane O = Other
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SECTION 2	(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 P O R T 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 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		

- I declare I am authorized to represent that the applicant
 - 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
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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 received 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 received 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: Peterbilt = "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 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 If motor carrier US DOT Number has changed since your last application.

Section Two (cont.)

18) Check 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

APPLICATION FOR WYOMING OPERATING AUTHORITY AS A COMMERCIAL MOTOR CARRIER

(Only required if picking up AND dropping off load(s) in Wyoming)



**FOR WYOMING DEPARTMENT OF
TRANSPORTATION USE ONLY**

Docket Number

\$50.00 filing fee for NEW APPLICATION

\$50.00 filing fee for NAME CHANGE

**All information must be
filled in or application will
be returned as incomplete.**

STEP #1	APPLICANT INFORMATION				
	Personal name or Corp or LLC Name				
	Trade Name or d/b/a				
	Mailing Address		City	State	ZIP
	Physical Address		City	State	ZIP
	Phone Number		Email		
	Federal ID Number		U.S. DOT Number		
STEP #2	CARRIER INFORMATION (If you are applying for both Private and Contract / For Hire, check both boxes.)				
	A Private Carrier is any person engaged in business and operating a vehicle who, without compensation, transports intrastate over state highways their employees or property of which the person is the owner, lessee or bailee, used in the furtherance of any commercial enterprise.				
	A Contract or For Hire Carrier is any person engaged in the intrastate transportation of people or property by motor vehicle on state highways for compensation.				
	<input type="checkbox"/> Private Carrier and/or <input type="checkbox"/> Contract Carrier / For Hire Carrier				
	The applicant will transport: (Check all that apply.)				
	<input type="checkbox"/> Property <input type="checkbox"/> Passengers <input type="checkbox"/> House Trailer/Mobile Home <input type="checkbox"/> Towing/Recovery Vehicle <input type="checkbox"/> Wrecker Inspection (Required for Towing/Recovery Vehicles)				
The applicant will be in control of the transportation operations herein proposed; the applicant is:					
<input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> A Limited Liability Company (LLC) <input type="checkbox"/> A Corporation					
If the applicant is a Partnership, Association, LLC or Corporation, list names, titles and addresses of all partners or principal officers.					
Name		Address			
Title		City/State/Zip			
Name		Address			
Title		City/State/Zip			
Name		Address			
Title		City/State/Zip			
STEP #3	Complete if seeking PRIVATE CARRIER AUTHORITY (Hauling your own property or employees)				
	Describe the nature or character of the business or commercial enterprise requiring the use of a motor vehicle and specifically list the commodities you intend to transport. (ie: company employees, company owned equipment, etc.)				

STEP #4	Complete if seeking a CONTRACT / FOR HIRE CARRIER AUTHORITY (INTRAstate contract hauling) .	
	Describe the nature or character of the business or commercial enterprise requiring the use of a motor vehicle and specifically list the commodities you intend to transport for compensation. (i.e. passengers, rocks, equipment, etc.) This must match the list on SAFER. If you are transporting people, list the number of passengers you can transport, including the driver for taxis, shuttles, or buses (fishing, hunting, or tour guides). NOTE: More than 9 passengers, including the driver, must have a USDOT #.	
STEP #4	INSURANCE REQUIREMENTS FOR CONTRACT / FOR HIRE CARRIER AUTHORITY: Wyoming is not an e-file state. Insurance underwriter filings must be scanned, attached to an email and sent to: mvs@wyo.gov	
	All Contract Carriers require liability insurance filings (Form E) prior to the authority being approved. The minimum required amount of coverage of \$750,000 combined single limit (CSL).	
	Most Contract Carriers require cargo insurance filing (Form H) prior to the authority being approved. Cargo insurance is not required if the cargo that is transported has no appreciable salvage value. [ie raw agricultural products (except livestock), sand, (not in pneumatic trailers), rock, dirt, gravel. etc.] The minimum required amount of coverage is \$10,000.	
STEP #5	All Contract Carriers transporting mobile homes require cargo insurance filings (Form MC-61E) prior to the authority being approved. The minimum required amount of coverage is \$5,000.	
	Please refer to W.S. 31-18-201 (a)(b)(c) to determine Wyoming State Registration requirements for your vehicle(s). Refer to: https://wyoleg.gov/stateStatutes/StateStatutes If you would like a copy of the Rules and Regulations Governing Motor Carriers, please access the Internet at https://rules.wyo.gov/Search.aspx?mode=1 . Scroll to Transportation, Dept. of (045), then expand the menu for Program - Motor Carrier (0004), then expand again and click on Chapter 1, Motor Carriers.	
STEP #6	AFFIDAVIT	
	I, the applicant, understand that filling of this application does not, in itself, constitute authority to operate. I agree to notify the Department of Transportation immediately of any changes of address, legal ownership, commodities transported, or scope of operations. I also understand the difference between being a Private Carrier and a Contract / For Hire Carrier.	
	I hereby certify that the information, facts and statements made above are correct and acknowledge that false information could lead to revocation of any authority granted.	
	Signature of Applicant	Date
STEP #7	Authorized Agent of Applicant (Please attach Power of Attorney form.)	Date
	<ul style="list-style-type: none"> ▪ Complete application in its entirety including signature and date on page two. If mailing application and sending check, make check payable to WYDOT in the amount of \$50.00. ▪ We accept Credit Cards; there will be an additional processing fee of \$2.50. We will call for account number and expiration date after complete application and appropriate insurance forms are received. ▪ Applications will not be processed until any required insurance forms are submitted by your insurance carrier. ▪ Applications will be held for 30 days before being returned for missing needed information or insurance. ▪ A fee of \$50.00 is required for a name change. No fee for address update only. 	
EMAIL APPLICATION TO mvs@wyo.gov OR MAIL APPLICATION TO: Wy Dept of Transportation, Regulatory Section 5300 Bishop Blvd. Cheyenne, WY 82009-3340 Phone: 307-777-4850		