

## New IFTA Account Checklist

**Same day service is not guaranteed.** We encourage you to mail the application and all supporting forms to our office, WyDOT – IFTA, 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 IFTA license or decals. Please call 307-777-4827 or email [MVS@wyo.gov](mailto:MVS@wyo.gov) with any questions.

\_\_\_\_\_ IFTA [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>

\_\_\_\_\_ 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)

**Proof of Established Place of Business or Residency.** 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.

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](http://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](http://www.wytruck.org)

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

Labelmaster  
5724 N. Pulaski Rd.  
Chicago, IL 60646  
(800) 621-5808  
[www.labelmaster.com](http://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](http://www.ecfr.gov)

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I hereby declare I am aware of the Wyoming Motor Carrier Safety Regulations applicable to my operations.

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Carrier Name- PLEASE PRINT  
(As it appears on your operating authority)

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DOT #

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Signature of Carrier Representative

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Date

RETURN THE ABOVE SIGNED PORTION TO:

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

**APPLICATION FOR WYOMING  
INTERNATIONAL FUEL TAX AGREEMENT (IFTA)**

**WYDOT - IFTA  
5300 Bishop Blvd  
Cheyenne, WY 82009**

<b>STEP #1</b>	<b>APPLICANT INFORMATION</b>				
	Name of Business Entity (Sole proprietor- write your name here)			Trade Name or d/b/a	
	Physical Address		City	County	State <b>WY</b>
	<input type="checkbox"/> Check if this address is your home. <input type="checkbox"/> Check if this address is a business office. List office hours _____ <input type="checkbox"/> Other - Please explain				
	Customer Contact Name and Phone Number		Customer Fax Number	Customer E-Mail	
	Mailing Address		City	State	ZIP
	<input type="checkbox"/> Check here if this mailing address is for a reporting service or agent. (Please attach POA.)				
	Agent Contact Name and 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		
<b>STEP #2</b>	<b>ORGANIZATIONAL STRUCTURE</b>				
	<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.				
	<b>Name</b>	<b>Title</b>	<b>Address</b>		
<b>STEP #3</b>	<b>OPERATIONAL INFORMATION</b>				
	Have you ever had an IFTA account in any other jurisdiction? <input type="checkbox"/> Yes, Provide jurisdiction _____ <input type="checkbox"/> No				
	Were you ever affiliated with a company that has been revoked? <input type="checkbox"/> Yes, Name Company _____ <input type="checkbox"/> No				
	Do you plan to apply for an IRP account? <input type="checkbox"/> Yes, list state _____ <input type="checkbox"/> No, Why not _____				
	In which jurisdiction are your vehicles currently plated? _____				
	<input type="checkbox"/> Provide a list of all IFTA vehicles that are NOT Wyoming Apportioned plated. Include VIN, Unit #, and Plate #				
	Do you maintain bulk fuel storage? <input type="checkbox"/> Yes, Provide jurisdiction(s) _____ <input type="checkbox"/> No				
	Fuel Type: Mark all that apply <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Other _____				
Describe the nature of the business requiring the use of a motor vehicle and list the commodities you transport.					
IFTA License Fee \$10.00 IFTA Decal Fees \$3.00 per set. Number of sets requested _____ x \$3.00 = _____ + \$10.00 = _____ <b>Make checks payable to WYDOT</b> <span style="float: right;"><b>TOTAL DUE *</b></span>					
<b>STEP #4</b>	I hereby certify that the information and statements made above are correct and acknowledge that false information could lead to revocation of my IFTA account.				
	Signature of Applicant			Date	

WYDOT  
MVS -IRP/IFTA  
5300 Bishop Blvd  
Cheyenne, WY 82009  
[www.dot.state.wy.us](http://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.

### Certification of Wyoming Established Place of Business or Residency

This form must be completed prior to IRP/IFTA Registration or Renewal. If you answer no, an explanation must be provided.

1. Is your **only** place of business an office within your personal residence in Wyoming?  
\_\_\_\_ Yes      \_\_\_\_ No **(If Yes, please skip to question 8. You must prove that you are a Wyoming resident.)**
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 **(If No, please skip to question 8. You must prove that you are a Wyoming resident.)**
3. Is the physical structure of the "established place of business" located in Wyoming and owned, leased, or rented by the fleet registrant?  
\_\_\_\_ Yes      \_\_\_\_ No **If Yes, provide the proof of ownership or lease/rental agreements**  
If no, please explain \_\_\_\_\_
4. Is this location open during normal business hours? (Monday – Friday 8 a.m. to 5p.m.)  
\_\_\_\_ Yes      \_\_\_\_ No      If 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; Please provide invoice      \_\_\_\_ No ; Please explain \_\_\_\_\_
6. Is there a company employee(s) conducting the fleet registrant's business in the location during normal business hours?  
\_\_\_\_ Yes; Please provide a copy of employee paystub      \_\_\_\_ 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

**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.**

8. Are you a Wyoming resident?  
\_\_\_\_ Yes; Please provide 3 proofs of residency **ONLY** if your address      \_\_\_\_ No; Provide proofs required in questions 2-7.  
has changed.

**Under penalties of perjury, the applicant declares that the information given is to the best of the applicant's knowledge true, accurate and complete. The applicant understands that in the event the established place of business or 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 \_\_\_\_\_

Company Physical Address \_\_\_\_\_

Printed Name of Registrant \_\_\_\_\_

Registrant's Signature \_\_\_\_\_ Date \_\_\_\_\_