

2016

WYOMING

Apportioned Plates

Instruction

Manual

**Member of the
INTERNATIONAL REGISTRATION PLAN**

**Wyoming Department of Transportation
Motor Vehicle Services Department
5300 Bishop Blvd
Cheyenne, WY 82009-3340**

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Contact Information

**Wyoming Department of Transportation
Motor Vehicle Services Department**

IRP Section

Telephone: (307) 777-4829

Telephone: (307) 777-4835

Fax: (307) 777-4772

WYDOT

MVS - IRP Section

5300 Bishop Blvd.

Cheyenne, WY 82009-3340

www.dot.state.wy.us

International Registration Plan (IRP)

www.irponline.org

**NOTE: Our office hours are 8:00 am to 4:30 pm, Monday – Friday.
Please arrive early to allow sufficient time to process your application.
New applications will not be processed after 3:00 pm.**

MVS will not be open on the following holidays:

| | | |
|----------------------------|------------------|---------------|
| New Year's Day | Independence Day | Christmas Day |
| Martin Luther King Jr. Day | Labor Day | |
| President's Day | Veteran's Day | |
| Memorial Day | Thanksgiving Day | |

IFTA Phone Numbers

Telephone: (307) 777-4827
Fax: (307) 777-4772

WYDOT – MVS – IFTA
5300 Bishop Blvd.
Cheyenne, WY 82009-3340

Wyoming Operating Authority Phone Numbers

Telephone: (307) 777-4850
Fax: (307) 777-4772

WYDOT –MVS –Operating Authority
5300 Bishop Blvd.
Cheyenne, WY 82009-3340

Port of Entry Phone Numbers (Trip Permits/Overweight/Oversize)

| | | | |
|------------------|--------------|------------|--------------|
| Alpine | 307-654-7569 | Gillette | 307-682-4030 |
| Casper | 307-265-3532 | Kemmerer | 307-877-4229 |
| Cheyenne (I-80) | 307-777-4894 | Laramie | 307-745-2200 |
| Cheyenne (I-25) | 307-777-4896 | Lusk | 307-334-3814 |
| Cheyenne (US-85) | 307-777-4895 | Sheridan | 307-674-2350 |
| Evanston | 307-789-3538 | Sundance | 307-283-1616 |
| Frannie | 307-664-2389 | Torrington | 307-532-2519 |

Wyoming Highway Shop Phone & Fax Numbers (Trip Permits/Overweight/Oversize)

| | | | | | |
|----------|--------------|------------------|--------------|--------------|------------------|
| Basin | 307-568-3400 | Fax 307-658-9318 | Rawlins | 307-328-4100 | Fax 307-328-4130 |
| Cody | 307-587-2220 | Fax 307-527-6028 | Riverton | 307-856-1341 | Fax 307-856-1572 |
| Douglas | 307-358-5515 | Fax 307-358-6715 | Rock Springs | 307-352-3049 | Fax 307-352-3150 |
| Jackson | 307-733-3665 | Fax 307-733-7105 | Wheatland | 307-322-6500 | Fax 307-322-2566 |
| Lander | 307-332-4151 | Fax 307-332-4151 | Worland | 307-347-2822 | Fax 307-347-3684 |
| Pinedale | 307-367-4488 | Fax 307-367-4488 | Thermopolis | 307-864-3200 | Fax 307-864-4682 |

SuperLoad/Overweight Phone & Fax Numbers

307- 777-4376 307-777-4747 307-777-4920 Fax 307-777-4399

Highway Patrol Commercial Carrier Section Phone & Fax Numbers

307- 777-4872 Fax 307-777-4282

Introduction

This manual explains how to obtain “apportioned” registration for interstate trucks, tractors and other commercial vehicles based in Wyoming.

The following pairs of words are used interchangeably in this manual:

- “IRP” and “Apportioned” or “Proportional” Registration
- “Applicant” and “Registrant”
- “IVMR” or “VTR”
- 26,000 lbs. equals 11,800 kg.
- “Credentials” or “cab cards” and/or “plates”

Please use this manual as a reference only.

The basic information needed to prepare application is provided. The contents will not cover every unique situation or answer all questions that may arise. An applicant who requires more information than is contained in this manual may telephone the IRP Section of the WYDOT Motor Vehicle Services Department at (307) 777-4835 or (307) 777-4829.

To speed up the registration process, we encourage applicants to read and follow the written instructions precisely.

**SAME DAY SERVICE MAY NOT ALWAYS BE AVAILABLE FOR ALL APPLICATIONS
AND WILL NOT BE AVAILABLE FOR RENEWAL APPLICATIONS.**

NOTE: This manual also contains references to CAVR, the Canadian Agreement on Vehicle Registration. Canadian Provinces in IRP are also members of CAVR, a special plan for registering vehicles that travel in two or more (Canadian member) jurisdictions.

**When a Canadian jurisdiction is a member of both plans,
the IRP supersedes the CAVR.**

1) What is IRP?

What is IRP?

IRP stands for the International Registration Plan, a cooperative agreement for the registering vehicles that travel into at least one other jurisdiction in addition to the base jurisdiction. IRP provides for payment of licensing fees based on fleet miles/kilometers operated and vehicle information. The unique feature of IRP is that although license fees are paid to the base jurisdiction and distributed to various jurisdictions in which the fleet vehicles are operated, only one (1) license plate and one (1) cab card is issued for each fleet vehicle. **Due to FULL RECIPROCITY (effective 1/1/15)** all jurisdictions will be printed on the cab card.

What jurisdiction are members of the IRP?

The following jurisdictions are IRP members. *Denotes members of CAVR.

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

What is Apportioned Registration?

Apportioned registration is a method of licensing a fleet of commercial vehicles operating in **more than one** jurisdiction. Collected fees are apportioned or “prorated” among jurisdictions.

Who is eligible to use Apportioned Registration?

You apply for apportioned registration for inter-jurisdiction operation of the following:

- Vehicle(s) operating over 26,000 pounds.
- Vehicle(s) with three or more axles regardless of weight.
- Vehicle(s) used in combination exceeding 26,000 pounds.
- Vehicle(s) which operate in two or more jurisdictions.

Note: Each vehicle within a fleet must operate in two or more jurisdictions during the registration year for that vehicle to qualify for Apportioned Registration.

2) How IRP Works

Under IRP, interstate carriers must file applications with the jurisdiction in which they are based. That jurisdiction is known as the “base jurisdiction.” The base jurisdiction issues registration credentials for each vehicle. The apportioned plates and cab cards are registration credentials you need to operate on an interstate and intrastate basis in member jurisdictions.

IRP and CAVR jurisdictions have agreed to allow the base jurisdiction to collect the applicable fees for apportionment for all jurisdictions collectively and at one time. These fees are then sent to other IRP and CAVR jurisdictions according to:

- Percentage of distance travelled in each jurisdiction
- Vehicle identification information and
- Maximum weight
- Value, age, unladen weight, axles, etc. (in some jurisdictions)

Under the IRP and CAVR, all member jurisdictions:

- Accept a single registration plate.
- Accept a single registration card (cab card); and
- Allow registrants to travel both interstate and intrastate jurisdictionally. (Intrastate travel is subject to the terms of the **operating authority** issued by each member Jurisdiction.)

Apportioned Registration Does NOT:

- Waive or exempt a truck operator from obtaining operating authority from any Jurisdiction in which the apportioned vehicle travels (either inter or intra).
- Waive or replace the requirements of the International Fuel Tax Agreement (IFTA).
- Waive or exempt the payment or reporting of other taxes.
- Allow registrants to exceed the maximum length, width, height or axle limitations.
- Waive or exempt the payment or reporting of the Federal Heavy Vehicle Use Tax (Form 2290).
- Exempt a carrier from filing proof of liability coverage in each Jurisdiction where required.

3) Definitions from the International Registration Plan

Apportionable Vehicle

“Apportionable Vehicle” means (except as provided below) any Power Unit that is used or intended for use in two or more Member Jurisdictions and that is used for transportation of persons for hire or designed, used, or maintained primarily for the transportation of property, and:

1. Has two axles and a gross vehicle weight or registered gross vehicle weight in excess of 26,000 pounds, or
2. Has three or more axles, regardless of weight, or
3. Is used in combination, when the gross vehicle weight of such combination exceeds 26,000 pounds.

Recreational vehicles, vehicles displaying restricted plates, SUV’s, passenger vans and government-owned vehicles are not apportionable vehicles.

Trucks or truck tractors, or the power units in a combination of vehicles having a gross vehicle weight of 26,000 pounds or less, and buses used in the transportation of chartered parties are not required to register; however, they **may** be registered under the Plan at the option of the Registrant.

Base Jurisdiction

“Base Jurisdiction” means the jurisdiction, (i) where the Applicant has an Established Place of Business, (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, to which an Applicant applies for apportioned registration under the Plan or the Member Jurisdiction that issues apportioned registration to a Registrant under the Plan.

Established Place of Business

“Established Place of Business” means a physical structure located within the Base Jurisdiction that is owned or leased by the Applicant or Registrant and whose street address shall be specified by the Applicant or Registrant. This physical structure shall be open for business and shall be staffed during regular business hours 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). Operational 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.

Selection of a Base Jurisdiction

- (a) An Applicant may elect as its Base Jurisdiction any Member Jurisdiction (i) where the Applicant has an Established Place of Business, (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.
- (b) 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.
- (c) To establish Residence in a Member Jurisdiction, an Applicant must demonstrate to the satisfaction of the Member Jurisdiction at least three (3) of the following:
 - If the Applicant is an individual, the driver's license must be issued by that Jurisdiction.
 - If the Applicant is a corporation, proof of incorporation or registration to conduct business as a foreign corporation in that Jurisdiction must be submitted and the principal owner must be a resident of Wyoming.
 - The Applicant's federal income tax returns have been filed from an address in Wyoming.
 - The Applicant has paid real estate or personal property taxes in Wyoming.
 - The Applicant receives utility bills in Wyoming in the applicant's name.
 - The Applicant has a vehicle titled in Wyoming in the applicant's name.
 - Other factors clearly provide evidence that the Applicant's legal Residence is in Wyoming.

4) Types of Operations

Haul-For-Hire Carriers

Any person, firm or corporation who engages in transportation by motor vehicle of passengers, commodities or property for compensation is considered a haul-for-hire carrier.

Private Carriers

A person, firm, or a corporation that uses its own trucks to transport its own freight is considered a private carrier.

Owner-Operators

Owner-operators who lease their vehicle(s) may register in either of two ways:

- The owner-operator may be the registrant. The vehicle(s) will be titled and registered in the name of the owner-operator. The owner-operator will be responsible for registration of such vehicle(s) and for establishing and maintaining records required of proportionally registered fleets.
- The carrier (lessee) may be the registrant. The vehicle(s) will be registered in the names of both the carrier as lessee and the owner-operator as lessor. The carrier will be responsible for registration of such vehicle(s) and for establishing and maintaining records required of proportionally registered fleets. If the lease is broken then the plate is to be returned to the carrier since it was purchased through the carrier.

Buses

- **Regular Routes**

Apportioned registration is a requirement under IRP for all buses traveling regularly scheduled routes. At the option of the registrant, total distance may be the sum of all actual in-jurisdiction distance or a sum equal to the scheduled route distance per jurisdiction from the farthest point of origination to the farthest point of destination of the route schedule. Apportionment is a requirement under IRP for all buses used exclusively for the transportation of passengers for compensation or gain.

- **Charters**

Buses used exclusively for the transportation of 'chartered parties' are exempt from apportioned registration under IRP. They may apportion if they choose to.

Household Goods Carriers

- **Equipment Leased From Service Representative**

Household Goods Carriers using equipment leased from service representatives may elect to base that equipment in either base jurisdiction of the service representative or that of the carrier.

- If the base jurisdiction of the service representative is selected, the equipment shall be registered in the service representative's name, and the Household Goods Carrier shall be shown as lessee. The apportionment of fees shall be according to the combined

distance records of the service representative and the carrier. Such records must be kept or made available in the service representative's base jurisdiction.

- If the base jurisdiction of the Household Goods Carrier is selected, the equipment shall be registered in the name of the carrier, and the service representative shall be shown as lessee. The apportionment of fees shall be according to the combined distance records of the carrier and those of the service representative. Such records must be kept or made available in the Household Goods Carrier's base jurisdiction.
- **Owner-Operator Leased Equipment**
For equipment owned and operated by owner-operators other than service representatives, and used exclusively to transport cargo for the Household Goods Carrier, the equipment shall be registered by the carrier in the base jurisdiction of the carrier, but in both the owner-operator's name as lessor and that of the carrier's as lessee, with the apportionment of fees according to the records of the carrier.

Rental Vehicles

For the purposes of IRP, the following definitions are applicable to rental vehicles:

Rental Owner – someone who rents vehicles to others with or without drivers

Rental Fleet or Vehicle – vehicles the Rental Owner designates as a Rental Fleet and which are offered for rent with or without drivers

Leased Vehicle – a long-term lease is for a period of 30 calendar days or more; a short-term lease is for a period of less than 30 calendar days

IRP specifically provides for the registration of various types of rental fleets; CAVR provides for the registration of 'One-Way Truck Rentals' only.

- **Rental Passenger Cars**
Divide the gross revenue received in the preceding year for use of such rental vehicles arising from passenger car rental transactions occurring in Wyoming by the total gross revenue received in the preceding year for the use of such rental vehicles arising from passenger car rental transactions occurring in **all** member (IRP) jurisdictions in which such vehicles were operated. The resulting percentage shall be applied to the overall total number of rental passenger cars to determine the actual number of rental passenger cars that shall be plated and pay full registration fees in Wyoming.
NOTE: Allocation of rental cars is at the option of the registrant.
- **Rental Fleet**
A rental company applying to register a rental fleet shall select a Base Jurisdiction for the fleet according to the Plan.
- **One-Way Vehicles**
Trucks of less than 26,000 pounds gross vehicle weight operated as part of an identifiable one-way rental fleet may allocate all of such vehicles to the respective Member Jurisdictions in proportion to the mileage operated in each Member Jurisdiction by the Rental Fleet /or/

register all of such vehicles as apportioned vehicles under the Plan. A one-way Rental Vehicles registered in accordance with the Plan may be used in both inter-Jurisdictional and intra-Jurisdictional operations. These vehicles must also meet all specific requirements for intra-state/intra-Jurisdictional travel.

- **Rental Utility Trailers**

The owner of Rental Utility Trailers shall register in each Member Jurisdiction a number of trailers equal to the average number of trailers rented in or through the Member Jurisdiction during the preceding year. For this purpose, a trailer shall be considered to be rented in or through the member Jurisdiction in which the trailer first comes into possession of the Lessee.

5) Requirements for Opening an Account

Vehicle Title

Wyoming Statutes indicate that a vehicle must be titled in Wyoming prior to registration unless the owner, lessee or operator of the vehicle presents proof of a current registration from any jurisdiction, a copy of the Out-Of-State title, and any other requested documentation from any other source necessary to satisfy the department that the applicant is the owner, lessee or otherwise has lawful right to the vehicle.

Insurance

To obtain Wyoming apportioned plates, an applicant must have proof of liability insurance in amounts provided by W.S. 31-9-405 or a bond on file with WYDOT in amounts provided by W.S. 31-9-102.

Proof of Established Place of Business (3 proofs needed)

- Proof of a physical structure owned or leased by the Applicant.
- Proof that the office is open and staffed during regular business hours by a full-time employee and not a contract employee.
- Proof that the Wyoming employee(s) job duties include the general management of the Applicant's trucking-related business (i.e. not limited to credentialing, distance and fuel reporting and answering telephone inquiries).
- Picture of business location with signage (not a piece of paper in another business' window).
- If the Applicant is a corporation, that it is incorporated or registered to conduct business as a foreign corporation in Wyoming.
- Any other information that WYDOT deems pertinent to verify that there is an Established Place of Business in Wyoming.

Proof of Residency if there is not an Established Place of Business in any jurisdiction (3 proofs needed)

- If Applicant is an individual, that his/her driver's license is issued by Wyoming.
- If Applicant is a corporation, that it is incorporated or registered to conduct business as a foreign corporation in Wyoming, and the principal owner is a resident of Wyoming.
- That Applicant's federal income tax returns have been filed from an address in Wyoming.
- That Applicant has paid real estate or personal property taxes to Wyoming.
- That Applicant receives utility bills in Wyoming, in Applicant's name. Bill must show service address.
- That Applicant has a vehicle titled in Wyoming in Applicant's name; or
- That other factors clearly evidence Applicant's legal residence in Wyoming.

Lease Agreement

A copy of the lease agreement must be submitted if the vehicle is being leased onto a carrier.

Federal USDOT Number

Companies that operate commercial vehicles transporting passengers or hauling cargo in interstate commerce must be registered with FMCSA and must have a USDOT Number. Also, commercial intrastate hazardous material carriers who haul quantities requiring a safety permit must register for a USDOT Number. The USDOT Number serves as a unique identifier when collecting and monitoring a company’s safety information acquired during audits, compliance reviews, crash investigations, and inspections. **If the USDOT Number changes, Motor Vehicle Services must be contacted immediately.**

On January 1, 2003 the Federal Motor Carrier Safety Administration (FMCSA) implemented the New Entrant Safety Assurance Process. All first-time carrier applicants for a USDOT Number will be automatically enrolled in the FMCSA New Entrant Safety Assurance Program. This process requires all US and Canadian motor carriers to file an MCS-150 (Motor Carrier Identification Report) and an MCS-150A (Safety Certification for application). This program requires new entrants to pass a safety audit and maintain acceptable roadside safety performance over an initial 18-month period before they are given permanent registration status. In most cases, companies operating exclusively as brokers or non-vehicle-operating shippers or freight forwarders do not need to obtain a USDOT Number.

A USDOT Number must be provided by each person or entity registering a commercial motor vehicle along with the FEIN (Federal Employer Identification Number) of the registrant. If the registrant does not have his own operating authority, a completed lease agreement, reflecting the USDOT Number and FEIN of the motor carrier responsible for safety, must be submitted for every vehicle which is registered in the apportioned account.

You may contact the FMCSA to apply and/or to ask questions at:

| | |
|--|--|
| <p>For Questions Only:</p> <p>Federal U.S. Department of Transportation FHA - Office of Motor Carrier Safety 1637 Stillwater Ave, Suite F Cheyenne, WY 82009 307-772-2305 Fax 307-772-2905</p> | <p>To Mail Forms or for Questions:</p> <p>Federal Motor Carrier Safety Administration Attention: USDOT Number Application 1200 New Jersey Avenue SE Washington, DC 20590 1-800-832-5660 www.fmcsa.dot.gov/online-registration</p> |
|--|--|

IRS Form 2290 - Federal Heavy Highway Vehicle Use Tax

Federal law requires proof of payment of the Federal Heavy Highway Vehicle Use Tax (HVUT) for the current tax period, when registering vehicles 55,000 pounds or more combined or loaded gross weight. (This includes farmer/rancher and special mobile equipment.) When a new truck is first purchased, an initial Form 2290 must be filed by the end of the following month. A Form 2290 must also be filed if the taxable gross weight of a vehicle increases and the vehicle falls into a new category. Besides the initial filing, an annual filing is required.

NOTE: If the due date is a Saturday, Sunday or legal holiday, file IRS Form 2290 by the next business day.

Acceptable proof of payment of Form 2290:

- An original or photocopy receipted **Schedule 1, Schedule of Heavy Highway Vehicles, (Form 2290)** that is returned by the Internal Revenue Service (IRS) to the taxpayer. The **Schedule 1** must be for the current tax year as shown on the top center of the form; the IRS receipt stamp on the **Schedule 1** must also be for the current year.
- A copy of the electronic filing of this form is acceptable and at this time electronic filing is required for any taxpayer reporting 25 or more vehicles. The electronic filing will be printed from a provider participation in the **IRS e-file** program and will be watermarked and/or show other designation as **e-file**.
- If a taxpayer has not received or has lost the receipted Schedule 1, a photocopy of the **Form 2290** with **Schedule 1** and both sides of the cancelled check used to pay the taxes may be accepted.
- A **Form 2290** is required in the name of the registered owner by the last day of the month following the date of purchase of a new vehicle required to pay the HVUT.

It is the applicant's responsibility to fully comply with all requirements listed in the Federal Form 2290. (See Contact Information, page 3, for a listing of Wyoming IRS Offices.)

NOTE: If the VIN on the Form 2290 does not match the VIN on the title, corrections must be made through the IRS before the Form 2290 will be accepted. See instructions for correcting the VIN number below.

| ❖ Corrections to Heavy Highway Use Tax - IRS Form 2290 |
|---|
| How to correct the VIN number on a Schedule 1 of the 2290 Application: |
| 1. Fill out a new schedule 1 with the correct VIN number. |
| 2. Put the new schedule 1 with a copy of the incorrect Schedule 1. Circle the VIN number that is to be corrected. |
| 3. Fax both copies with a cover letter that states " EXPEDITE " to (859)669-3981. |
| 4. The corrected 2290 will be faxed back to you within a few days. |
| 5. Fax the corrected 2290 to the WYDOT IRP office at (307)777-4772 with your IRP account number written on the top of the copy. |
| NOTE: This correction process ONLY works for VIN numbers with only one - three digits that are incorrect. |

MCS-150

Wyoming requires a current MCS-150. Please note that all MCS-150's must be **updated every two years**. You can update your MCS-150 at <http://www.fmcsa.dot.gov/registration-licensing/online-registration/onlineregdescription.htm> , or by calling 1 (800) 832-5660. WYDOT IRP staff will check your MCS-150 information on line so it is not necessary to forward a copy.

Unified Carrier Registration (UCR)

Wyoming is not a member of the Unified Carrier Registration Agreement (UCRA). However, if you operate a truck or bus in interstate or international commerce, or if you make arrangements for the transportation of cargo and goods, you must pay your UCR fees to a participating state.

If you have an office or operating facility located in one of the following states, you must use that state as your base state for UCR:

AL, AR, CO, CT, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MS, MT, ND, NE, NH, NM, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, VA, WA, WI, or WV.

If you do not have an office or operating facility located in one of the states listed above, you may select one of the following states as your base state for UCR:

CO, ID, MT, ND, NM, OR, SD, UT, or WA.

The UCRA requires individuals and companies that operate commercial motor vehicles in intrastate commerce to register their business and to pay an annual fee based on the size of their fleet.

For the purposed of determining fees, a “commercial motor vehicle” is defined as a self-propelled or towed vehicle used on the highways in commerce principally to transport passengers or cargo, if the vehicle:

- Has a GVWR or GVW of 10,001 pounds or more.
- Is designed to transport 11 or more passengers, including the driver; or
- Is used in transporting hazardous materials in a quantity requiring a placard.

| Fleet Size (Including Trailers) | Fee Per Company |
|---------------------------------|-----------------|
| 0-2 | \$76.00 |
| 3-5 | \$227.00 |
| 6-20 | \$452.00 |
| 21-100 | \$1,576.00 |
| 101-1000 | \$7,511.00 |
| 1001 or more | \$73,346.00 |

These are the fees for 2015. Fees are subject to change in future registration years. Check the UCR website for the latest fees and for more information at www.ucr.in.gov

6) Fees

Registration Fees for the power unit (Trucks/Truck Tractors/Vans/Buses/Etc.)

All Wyoming based apportioned vehicles are subject to yearly registration fees. Registration fees are calculated according to each jurisdiction's specific registration schedules. These fees are then sent to other IRP and CAVR jurisdiction according to:

- Percentage of distance travelled in each jurisdiction
- Vehicle identification information and
- Maximum weight
- Value, age, unladen weight, axles, etc... (in some jurisdictions)

Example of power unit fee calculations:

The operator of this unit travels in Wyoming, Idaho, Nebraska, and South Dakota. He travels 25,000 miles in each state for a grand total of 100,000 miles at the end of the distance reporting period. The operator has registered combined gross weight of 80,000 pounds in each state. The registration fee would be computed as follows:

| | Distance in Miles | Percentage | Times | Full Year Fee | Apportioned Fee |
|--------------|--------------------------|-------------------|--------------|----------------------|------------------------|
| WY | 25,000 | .25 | * | \$2,225.00 | \$ 556.25 |
| ID | 25,000 | .25 | * | \$3,360.00 | \$ 840.00 |
| NE | 25,000 | .25 | * | \$1,280.00 | \$ 320.00 |
| SD | 25,000 | .25 | * | \$1,457.00 | \$ 364.25 |
| Total | 100,000 | | | | \$2,080.50 |

Wyoming based carrier's portions of the registration fees include **county plus state** fees.

"Factory Price" means the manufacturer's suggested retail price of the make, model and trim level of a vehicle, when new, but excludes federal excise taxes, the cost of transportation from the place of manufacture to the place of sale to the first user. The factory price shall be determined from any current, nationally recognized price guide.

"Special Equipment" includes any equipment not included in the manufacturer's suggested retail price and not required for the operation of a vehicle upon a highway, but that is attached to the vehicle during the period for which registration is issued and used for a business or other purpose.

- **County** fee formula =
 Factory Cost + Special Equipment Value x 3% x .60 (vehicle is in the 1st year of service)
 Factory Cost + Special Equipment Value x 3% x .50 (vehicle is in the 2nd year of service)
 Factory Cost + Special Equipment Value x 3% x .40 (vehicle is in the 3rd year of service)
 Factory Cost + Special Equipment Value x 3% x .30 (vehicle is in the 4th year of service)
 Factory Cost + Special Equipment Value x 3% x .20 (vehicle is in the 5th year of service)
 Factory Cost + Special Equipment Value x 3% x .15 (vehicle is in the 6th year of service or more)

- **State fee** (based on gross or combined gross weight) :

| Gross Weight | State Fee |
|---------------------|------------------|
| 0000 - 26,000 | 180.00 |
| 26,001 - 28000 | 195.00 |
| 28,001 - 30,000 | 210.00 |
| 30,001 - 32,000 | 225.00 |
| 32,001 – 34,000 | 250.00 |
| 34,001 - 36,000 | 275.00 |
| 36,001 – 38,000 | 300.00 |
| 38,001 – 40,000 | 325.00 |
| 40,001 – 42,000 | 350.00 |
| 42,001 – 44,000 | 375.00 |
| 44,001 – 46,000 | 400.00 |
| 46,001 – 48,000 | 425.00 |
| 48,001 – 50,000 | 450.00 |
| 50,001 – 52,000 | 475.00 |
| 52,001 – 54,000 | 500.00 |
| 54,001 - 55,000 | 512.50 |
| 55,001 – 56,000 | 525.00 |
| 56,001 – 58,000 | 550.00 |
| 58,001 – 60,000 | 575.00 |
| 60,001 – 62,000 | 600.00 |
| 62,001 – 64,000 | 625.00 |
| 64,001 – 66,000 | 650.00 |
| 66,001 – 68,000 | 675.00 |
| 68,001 – 70,000 | 700.00 |
| 70,001 – 72,000 | 725.00 |
| 72,001 – 74,000 | 750.00 |
| 74,001 – 76,000 | 775.00 |
| 76,001 – 78,000 | 800.00 |
| 78,001 – 80,000 | 825.00 |
| 80,001 – 82,000 | 850.00 |
| 82,001 – 84,000 | 875.00 |
| 84,001 – 86,000 | 900.00 |
| 86,001 – 88,000 | 925.00 |
| 88,001 – 90,000 | 950.00 |
| 90,001 – 92,000 | 975.00 |
| 92,001 – 94,000 | 1,000.00 |
| 94,001 – 96,000 | 1,025.00 |
| 96,001 – 98,000 | 1,050.00 |
| 98,001 – 100,000 | 1,075.00 |
| 100,001 – 102,000 | 1,100.00 |
| 102,001 – 104,000 | 1,125.00 |
| 104,001 – 106,000 | 1,150.00 |
| 106,001 – 108,000 | 1,175.00 |
| 108,001 – 110,000 | 1,200.00 |
| 110,001 – 112,000 | 1,225.00 |
| 112,001 – 114,000 | 1,250.00 |
| 114,001 – 116,000 | 1,275.00 |
| 116,001 – 117,000 | 1,300.00 |

Please note: **Out of state based carrier's** portions of the registration fees include **EHUT** plus **state** fees.

Registration Fees for the trailers

All Wyoming based trailers are subject to yearly registration fees. Trailer fees are not apportioned. The fee for the trailer is based on the value and age. These fees are collected and then sent to the County Treasurer in the County where your business is located.

Example of trailer fee calculations:

| Factory Price + Special Equipment | Year of Trailer | Factor | Trailer Plate Fee |
|--|------------------------|------------------|--------------------------|
| \$20,000.00 | 2015 | .03 x .60 | \$360.00 |
| \$20,000.00 | 2014 | .03 x .50 | \$300.00 |
| \$20,000.00 | 2013 | .03 x .40 | \$240.00 |
| \$20,000.00 | 2012 | .03 x .30 | \$180.00 |
| \$20,000.00 | 2011 | .03 x .20 | \$120.00 |
| \$20,000.00 | 2010 and older | .03 x .15 | \$90.00 |

7) Billing Notice

When Wyoming processes each application, the fees are calculated for all IRP jurisdictions where apportionment has been requested. Every jurisdiction bases its fees on different criteria, such as vehicle weight, purchase price, model year of the vehicle, carrier type, and so on. Some jurisdictions have more than one fee, such as an ad valorem tax, excise tax, privilege tax, or clean air levy. All fees are inclusive with the breakdown for each jurisdiction on the notice.

The billing notice is sent to the carrier's mailing address as shown on the application and shows the total due for the registration. The billing notice typically breaks down charges into:

- Total amounts calculated for each jurisdiction apportioned
- Credential fees due (plate fees, cab card fees)
- Vehicle(s) listed on the application

Payment

The **total amount due** is shown on the **first page** of the billing notice. Do not remit funds for any amounts listed for the individual jurisdiction charges on the invoice as these are subtotals only and have already been included in the total amount due shown on **page 1**. Fees must be paid in full before credentials (plates and/or cab cards) will be issued.

Note: Fees billed for the **renewal application** must be received prior to March 1st to allow ample time for the carrier to receive credentials (plates and/or cab cards) before the March 31st deadline.

Please make your payment payable to:

WYDOT – IRP

Please mail your funds with a copy of the billing to:

WYDOT – IRP

5300 Bishop Blvd.

Cheyenne, WY 82009

8) Applications and Forms

Completion of Applications

The applicant is responsible for properly completing all forms necessary to register vehicles under apportioned registration agreements. If you submit an incomplete application, you will be asked to provide the information or submit a new, revised application. **Incorrect or partial completion of an application will delay processing.** Data on the application is subject to review and verification; base jurisdiction acts for all jurisdictions in the collection and verification of such information and **the registrant's signature attests to the accuracy.** Please use blue or black ink.

Applications and Forms

Applications and forms are available in **Appendix C**, on our website, or by calling our office.

Telephone: (307) 777-4829

Telephone: (307) 777-4835

Fax: (307) 777-4772

WYDOT
MVS - IRP Section
5300 Bishop Blvd.
Cheyenne, WY 82009-3340

www.dot.state.wy.us

http://www.dot.state.wy.us/home/trucking_commercial_vehicles/irp.html

Options for Receiving Credentials (Plates and/or Cab Cards)

Payment must be made in the form of cash, check, certified check, cashier's check, money order or credit card (there will be a fee added to credit card payments) made payable to **WYDOT-IRP**. When paying by check, please add your IRP Account # (found on your billing statement) in the Memo portion of the check.

The credentials will be mailed out the day the payment is processed; or the credentials may be picked up in our office as soon as the payment is processed.

The only credentials (plates and/or cab cards) that may be faxed are Temporary Registration Authorities.

9) New Accounts

A first time registrant must apply by mail or in person, by submitting a completed Wyoming IRP application. An applicant must have an established place of business in Wyoming or prove residency in Wyoming to be eligible for apportioned licensing.

You must submit the following when applying for a new account:

- Complete the IRP Application (See Appendix D, page 43)
- Complete the Wyoming Apportioned Registration Application Schedule A/C. (See Appendix D, page 44)
- Provide a Wyoming title or copy of an Out-Of-State title and current Out-of-State Cab Card/Registration for each vehicle.
- Provide a stamped and current Federal Heavy Highway Vehicle Use Tax (Form 2290) for each vehicle registered over 55,000 lbs.
- Provide proof of liability insurance for each vehicle.
- Provide proof of sales tax paid for each vehicle.
- Provide 3 proofs of Residency or Established Place of Business Documentation. (See Page 11)
- Provide your Tax Identification Number or Federal Employee Identification Number (TIN or FEIN)
- Provide Lease Agreements if you will be using another company's DOT Number.
- We will verify that your USDOT Number includes INTERSTATE authority. (See Page 12)
- We will verify that your MCS-150 form has been updated within the last 2 years. (See Page 13)
- Signed "Agreement to Prepare and Maintain Records" form. (See Appendix D, Page 46)
- Signed "Certification of Wyoming Place of Business or Residency" form. (See Appendix D, Page 47)
- Signed "Section 15 – Safety Regulations" form. (See Appendix D, Page 48)
- If a vehicle to be apportioned has current Wyoming county registration, a copy of the registration must be submitted. Partial credit for duplicated county/state fees **may** be available for refund if the license plates and original registration documents are received within 10 calendar days after the issuance of the apportioned credentials.
- Any other information that WYDOT deems pertinent.

Most first-time registrants will have no actual mileage. If you believe you have actual mileage that occurred between July 2014 and June 2015 please contact our office. We will provide the appropriate mileage forms.

Walk-in Applications

Applications will be processed in the order received. Once the application is processed, the applicant is given a **Billing Notice** showing the total fees due. **Credentials (plates and/or cab cards) will not be issued until proper payment is accepted and processed.**

- Same day service will not be available for new accounts received after 3:00 p.m.

Mailed Applications

Applications will be processed in the order received. Once the application is processed, a **Billing Notice** is mailed to the applicant. You must submit a copy of the billing notice with your payment to avoid delays. **Credentials (plates and/or cab cards) will not be issued until proper payment is accepted and processed.**

No Temporary Registration Authority (TRA) will be issued for new registrants, renewals, or registrants with any outstanding fees due.

Account Number

An account number will be assigned to you. This account number will appear on your Billing Notice, your Cab Card, and on all renewal documentation related to your account.

This account number will remain the same as long as your account remains open. You must have your account number available when contacting the WYDOT IRP office to identify your records.

General Account Rules

1. Vehicles may be added to the account.
2. Vehicles may be deleted from the account. (Please note credit is not always available when a vehicle is deleted and you may receive more of a credit if you add another vehicle at the same time that you delete a vehicle.)
3. Transfers are not allowed between accounts.
4. Weight increases during the registration year are allowed. Additional fees will be due and you may need to provide an updated IRS Form 2290.
5. Supplemental applications will not be processed unless the account is current and all outstanding fees have been paid.

10) Display of Credentials

Cab Cards / License Plates

A cab card is your registration and authority to operate in jurisdictions. The cab card takes the place of the registration certificate that may have been originally issued for your vehicle. The **original** cab card for each power unit **must be carried in the vehicle at all times**. Enforcement personnel look at this for proper registration. When you receive your cab cards, please check the following information for accuracy:

- Vehicle information (VIN, vehicle description, etc.)
- Weights in Jurisdictions (except Quebec will show number of axles)
- Name
- Expiration date
- USDOT number
- If leased, verify the USDOT of the company responsible for safety
- Plate number listed on the cab card matches the license plate that was issued

If there are any errors, contact the IRP Unit immediately at (307) 777-4835 or (307) 777-4829 so a corrected cab card can be issued.

The weights on the cab card will be shown as pounds for all U.S. Jurisdictions and as kilograms for all Canadian Provinces except Quebec. Quebec will show the number of axles.

The cab card will be accompanied by the license plate issued for your vehicle and/or expiration stickers. Please verify that the license plate number listed on the cab card matches the plate received before placing the plate on the vehicle. If you already have the license plate, verify that the license plate number listed on the cab card matches the plate on the vehicle.

Enforcement

Enforcement representatives look for the **original** cab card to verify that vehicles are properly registered. The cab card must always be carried in the vehicle described. Cab cards may not be altered in any way. **Photocopies are not acceptable.**

Commercial vehicles not displaying a current registration plate, plate stickers and cab card; a valid trip permit; or a temporary vehicle registration are in violation and the registrant will be subject to penalties and fines in all jurisdictions in which the vehicle travels.

11) Distance/Operational Records – IRP

Every IRP carrier must maintain records to substantiate the actual distance travelled and all information used to determine registration fees for all vehicles in IRP fleets. An “Agreement to Prepare and Maintain Records” document must be signed and presented with a new or renewal application.

Wyoming may impose an assessment on a Registrant that fails to maintain records in accordance with the Audit Procedures Manual (APM) or that fails to provide records within 30 calendar days of the issuance of a written request. For the first offence, the assessment will be in the amount of 20% of the apportioned 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 second offence, the assessment will be in the amount of 50%; for the third and subsequent offences, the assessment will be in the amount of 100%.

Sums found to be due and owing upon audit bear interest of one and three-quarter percent (1.75%) per month from the date when the fees should have been paid until the date of actual payment. Deliberate and willful evasion will cause an additional assessment of one percent (1%) per month on sums found due and owing upon audit, from the date when the fees should have been paid. See **W.S. 31-18-201 (r)**.

Any credits calculated for Member Jurisdictions which are caused by the inadequacy of the Operational Records will not be reflected in the fees netted under Article X of the Plan.

Source Documents

- **Driver’s Trip Records**

An acceptable source document to record distances is an “Individual Vehicle Distance Record” (IVDR). This document is completed by the driver for each trip made by a vehicle in an IRP fleet, including owner-operated vehicles and leased vehicles. The most common IVDRs are a driver’s trip sheets and the driver’s log. These and other records are acceptable provided they contain the following basic information:

1. Registrant’s name
2. Date of trip (beginning and end)
3. Trip origin and destination
4. The route of travel (highway numbers)
5. The beginning and ending reading from the odometer, hub odometer, engine control module (ECM), or any similar device for the trip
6. Total trip distance
7. The distance traveled in each Jurisdiction
8. Vehicle unit numbers, for both power unit and trailer(s)
9. Fleet number (if registrant has more than one fleet)
10. Driver’s name and signature

- **Trip Permits**

Copies of all trip permits obtained for operations by apportioned vehicles must be on file. The distances travelled under these permits are to be reported on the next renewal application for IRP registration.

Monthly Summaries

The IVDR information should be summarized monthly. The summary should contain information by individual vehicle (beginning and ending odometer/hubometer readings, individual trip details, distance by jurisdiction, total distance travelled) and by fleet (distance by jurisdiction, total distance).

Yearly Summaries

A yearly summary for each July 1 through June 30 reporting period should show the total fleet distance broken down by month and/or quarter for each jurisdiction.

Records Retention Period

You must keep all operational and distance records that support the application and supplements for the **current registration year and three previous registration years**. For example, records for **Registration Year 2015** (Distance Year 7/1/2013 – 6/30/2014) must be retained through **December 31, 2018**. Vehicle cost and weight records must be maintained for all vehicles that are currently registered in the fleet. Once the vehicle is deleted or removed, you must keep those records **three years** after the close of the registration year.

| Application Year | Distance Year | Record Retention |
|-------------------------|------------------------------|-------------------------|
| 2010 | July 1, 2008 - June 30, 2009 | December 31, 2013 |
| 2011 | July 1, 2009 - June 30, 2010 | December 31, 2014 |
| 2012 | July 1, 2010 - June 30, 2011 | December 31, 2015 |
| 2013 | July 1, 2011 - June 30, 2012 | December 31, 2016 |
| 2014 | July 1, 2012 - June 30, 2013 | December 31, 2017 |
| 2015 | July 1, 2013 - June 30, 2014 | December 31, 2018 |
| 2016 | July 1, 2014 - June 20, 2015 | December 31, 2019 |

For further information, see the IRP website at www.irponline.org for a copy of the Plan.

12) Changes to Your Account (Samples can be found in Appendix D beginning with Page 43)

You can make changes to your account throughout the year by completing a **Schedule A/C** (for most changes) at any time after the original application has been filed and paid. You must submit a **Schedule A/C** for the following transactions:

How to Add a Vehicle

Vehicles may be added to an existing fleet anytime during the registration year. Distance information provided with your original application will be used to calculate the fees due.

Requirements: **Schedule A/C**, current insurance, a stamped receipted 2990 (if applicable), a copy of the lease agreement (if applicable), Wyoming title or copy of Out-of State title and current Out-of-State Cab Card/Registration, and proof of sales tax paid must be submitted.

How to Delete a Vehicle

Vehicles may be deleted (with or without a corresponding replacement vehicle) from an existing fleet anytime during the registration year. Keep accurate records of any deletions made after renewal for possible credit if a new vehicle is purchased later in the year. Please note, you may be eligible for more credit if the vehicle is deleted at the same time a new vehicle is being added. ***Not all jurisdictions allow fee transfers.**

Requirements: **Schedule A/C.**

How to Replace a Vehicle

A vehicle may be replaced at any time during the registration year. Credits may be allowed when a vehicle is destroyed or sold. To apply the credits from a previous vehicle to the new vehicle, the information must be provided on the Schedule A/C. ***Not all jurisdictions allow fee transfers.**

Requirements: **Schedule A/C**

How to Increase a Vehicle's Weight

A change to vehicle weight may be made at anytime during the registration year. If the gross vehicle weight is increased, you will be billed for the weight difference.

Requirements: **Schedule A/C**, a stamped receipted 2290 (if there is any weight increase over 55,000 pounds or any adjustments beyond that).

How to Replace Lost/Stolen Credentials

Replacement fees are as follows:

| | |
|--|--|
| Replacement Plate and Expiration Sticker with Cab Card | \$8.00 + \$2.00 postage for each plate |
| Replacement Cab Card | \$4.00 |
| Replacement Expiration Sticker for Plate | \$6.00 |

Requirements: Schedule A/C.

Name/Ownership Change

If you are changing the name of your company, but not changing ownership, you must submit a Schedule A/C with your new information.

*If the **ownership of the company is changing**, you must apply for a **new account**. (See Chapter 9, Page 20 for more information on opening a new account.)*

Requirements: Schedule A/C.

Dot Number Change

Submit Schedule A/C with your new information. See Sample on page 57.

Title Change

Submit Schedule A/C with your new information. See Sample on page 58.

Unit Number Change

Submit Schedule A/C with your new information. See Sample on page 59.

13) Temporary Registration

Temporary Registration Authority (TRA)

A 45 day temporary tag may be issued for a purchase of a power unit from a private party. A 60 day temporary tag may be issued for a purchase from a dealership. The temporary tag will be issued for IRP accounts in good standing only. A temporary tag covers a specific vehicle and cannot be transferred from one vehicle to another.

During the renewal grace period (January 1st - March 31st), please remember the following: A temporary tag will not be issued for any vehicle on the renewal while that application is still outstanding; nor will a temporary tag be issued for any unit that was removed from the renewal and is in the process of being reinstated.

Requirements: Schedule A/C, Bill of Sale (signed and notarized), Proof of Current Insurance

As soon as we receive a copy of the Wyoming title and sales tax receipt, we will issue a bill for the license plates. Upon payment of the bill, your license plates and cab card will be issued.

PLEASE NOTE: WYOMING DOES NOT ISSUE TEMP TAGS FOR TRAILERS.

TRIP Permit

Effective with the 2015 registration, due to Full Reciprocity, all states will be listed on every cab card. With this change, trip permits will not be needed for any apportioned vehicle.

Trip permits allow you to operate your vehicle during a specified period in that jurisdiction, provided you have obtained all required operating authority for the member jurisdiction. Trip permit operation may be limited to interstate movement in certain jurisdictions.

Wyoming trip permits are issued for ninety-six (96) hours at a cost of \$40.00 for a truck/trailer combination. They are available through the Port of Entry or the Highway Patrol. (See Contact Information, page 2 for a list of Port of Entry and Highway Patrol phone numbers.)

Oversize/Overweight Permit

All loads over legal size or weight limits must have prior approval before entering the State of Wyoming. You must register your vehicle at the maximum weight for Wyoming before purchasing an oversize or overweight permit. These special transportation permits may be obtained through the Port of Entry. (See Contact Information, page 2 for a list of Port of Entry and Highway Patrol phone numbers.) Permits for Super Loads must be obtained by calling (307) 777-4376.

Unladen Permit

The unladen permit is issued to an owner-operator (lessor) who terminates a lease and has to surrender the apportioned license plate and cab card to the carrier (lessee). This permit enables a vehicle or combination of vehicles to use the highways in all jurisdictions for the purpose of finding a new job. The unladen permit is valid for vehicles operating at unladen weight only, and is not-transferable. The Wyoming unladen permit is valid for 10 days at a cost of \$20.00

14) Renewals

SAME DAY SERVICE WILL NOT BE AVAILABLE FOR RENEWAL APPLICATIONS.

Wyoming apportioned credentials expire on December 31st of each year, with a grace period through March 31st. The IRP Unit will mail renewal packets to all account holders the first week of November. If you have not received your renewal packet by December 1st, contact the IRP office at (307) 777-4835 or (307) 777-4829.

If you have a new address or an out of state mailing address, you will be required to furnish proof of an Established Place of Business or Wyoming Residency. (See Chapter 5, page 12 for requirements.)

Because the renewal is printed and issued before expiration, any supplemental activity that takes place after the renewal is printed will not be shown. This includes additions/deletions of vehicles, changes of fleet/vehicle information or added jurisdictions. It is essential that you review the renewal application for accuracy and omission of pertinent information. Make changes to your pre-printed renewal for the following situations: 1) Cross out all deleted vehicles with a single line. 2) Add all pertinent information for any vehicles that were recently added to your fleet but were not included on the pre-printed Renewal. 3) Add all pertinent information for any newly acquired vehicles. (Newly acquired vehicles need the following: copy of title, sales tax receipt, proof of insurance, and Stamped Form 2290).

Completed forms will be processed in the order that they are received. **The renewal application must be received before January 31st** to allow time for processing of the application. Do not send fees with your renewal application. A billing notice will be generated and mailed to the mailing address on your renewal. **Payment must be received before March 1st** to allow ample time for you to receive the credentials (license plates and/or cab cards) before the March 31st deadline. Fees must be paid in full before credentials will be issued.

Once you receive your billing notice, examine it carefully. Verify that all the jurisdictions that you traveled in between July 1 and June 30 are listed on your bill. Verify that all the vehicles you want to apportion are listed on your bill. If you notice any errors, please contact our office so that we can make the proper corrections to your bill.

You may pay the bill with check, cash or credit card (there will be a fee added to credit card payments) made payable to **WYDOT-IRP** in the **total amount due** shown on **page 1** of the billing notice. Please send a copy of the billing notice with your payment and write your account number in the memo section of the check to avoid delays. Please mail your payment with a copy of the billing to:

WYDOT - IRP 5300 Bishop Blvd. Cheyenne, WY 82009

*If you are **not renewing** your account for 2016, please sign and return the renewal with the words “**DO NOT RENEW**” written across the Schedule A/E.

15) Refunds/Transfer of Fees

Wyoming Refund Policy

There are no refunds unless the fee was collected in error. Wyoming State Statute 31-3-104 (d) “Except as otherwise provided no fees shall be refunded unless paid and collected by mistake.” Wyoming has no provision for refunding proportional registration fees when a vehicle is deleted.

IRP Jurisdictions Refund Policy

Applications for a refund of apportioned registration fees for other IRP jurisdictions must be handled directly between the carrier and the individual jurisdictions, in accordance with their statutes.

Wyoming Transfer of Fees

Wyoming **will allow** transfer of apportioned fees under the following conditions:

- Upon legal transfer of owners. W.S. 31-2-214
- Upon termination of a lease agreement
- When a vehicle is sold.
- When a vehicle has been destroyed.
- When a vehicle is transferred from one fleet to another with the credit being applied to the new fleet.

Credit is not allowed on the administrative fee.

Credit must be used in the current registration year or it will be forfeited.

Wyoming **will not allow** transfer of apportioned fees when transferring plates to a previously owned vehicle unless the vehicle changed owners and a new title is provided.

16) Audits – IRP

Authority to Audit

Under Article X, Section 1015 of the International Registration Plan (IRP), Wyoming, as a member jurisdiction is required to conduct audits of Wyoming based Registrants. The Department of Audit's auditors shall conduct IRP audits on behalf of all IRP member jurisdictions in accordance with the International Registration Plan and the Plan's Audit Procedures Manual.

Purpose of Audit

The purpose of the audit shall be to verify the accuracy of the distances reported in a Registrant's "Apportioned Registration" application and, where inaccuracies are found, to adjust the Registrant's fees accordingly.

Audit Procedures

The Department's auditors will determine the accuracy and completeness of the distance and vehicle information recorded on the Registrants' source documents, the monthly and yearly summaries, and on the forms used for IRP registration. Department auditors will adhere to the guidelines and standards in the IRP and the Department's IRP Audit manual.

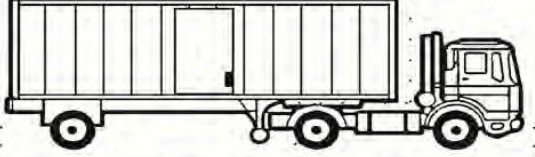
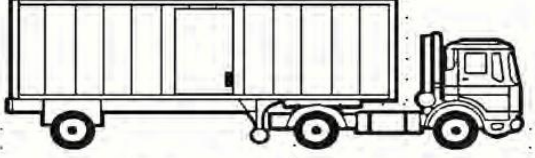
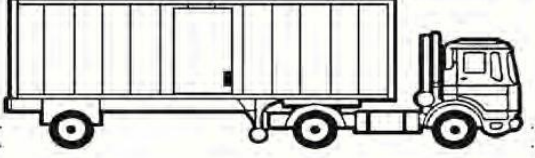
Wyoming may impose an assessment on a Registrant that fails to maintain records in accordance with the Audit Procedures Manual (APM) or that fails to provide records within 30 calendar days of the issuance of a written request. The assessment will be in the amount of twenty percent (20.0%) of the apportioned 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. In an instance where Wyoming knows that it is the Registrant's second such offense, Wyoming will impose an assessment in the amount of fifty percent (50.0%) of the apportioned fees paid by the Registrant for the registration of its fleet in the registration year to which the records pertain. When Wyoming knows it is the Registrant's third offense, and on any subsequent offenses of the Registrant known to Wyoming, Wyoming shall impose an assessment of one hundred percent (100.0%) of the apportionable fees paid by the Registrant for the registration of its fleet in the registration year to which the records pertain.





Audit reports will be made part of the Registrant's IRP account, and copies will be distributed to the Registrant and all affected jurisdictions.

Appeals Process – Final Assessments Determined By an Audit

The appeals process can be found on the IRP website at www.irponline.org

Appendix A

| | Definition | Picture Description |
|-------------------------------------|--|---|
| <p>Unladen Weight</p> | <p>Weight of vehicle, including all accessories, excluding load.</p> |  <p>Semi-Trailer Unladen Weight Tractor Unladen Weight</p> |
| <p>Gross Weight</p> | <p>Unladen weight of vehicle plus weight of load carried.</p> |  <p>Semi-Trailer Gross Weight Tractor Gross Weight</p> |
| <p>Combined Gross Weight</p> | <p>Weight of power unit plus weight of any trailer with load.</p> |  <p>Combined Gross Weight</p> |

| | Definition | Picture Description |
|---------------------|--|--|
| Tractor (TR) | A motor vehicle designed and used primarily for drawing other vehicles. Also known as semi, truck, truck tractor, road tractor, etc. |  |
| Truck (TK) | A motor vehicle designed, used or maintained primarily for the transportation of property. Also known as a truck, pickup, box truck, van, etc. |  |
| Bus (BS) | A motor vehicle designed and used for transporting passengers. |  |
| Trailer (ST) | Any trailer. |  |

Vehicle Types

Descriptions are the types of power units and trailers listed in Section 2, Column 7 of the Schedule A/C.

| DESCRIPTION | TITLED BODY STYLE | IRP TYPE |
|--|-------------------|--------------|
| PASSENGER VEHICLES | | NOT ELIGIBLE |
| TRUCKS (SINGLE) Light and Medium Duty | | |
| Avalanche, Blazer, Bronco, Escalade, Jeep, Scout, Suburban, Travel-all, Utility etc. | | NOT ELIGIBLE |
| Cargo (Enclosed delivery truck - includes Water, Furniture, etc.) | CARGO | TK |
| Converted Buses (Buses converted into Workshops, Offices, Tool Houses, etc.) | TBUS | BS |
| Mounted Equipment (Any truck with equipment added after purchase – Compressor, Crane, Welder, etc) | MTEQT | TK or TT * |
| Pickup (10,000 lbs. or less) | PU | TK |
| Special Mobile Equipment (Any truck purchased with special equipment - Digger, Drill, etc) | SPEQT | TK or TT* |
| Truck (Between 10,001 lbs and 26,000 lbs) | TRK | TK or TT* |
| Van (Metro, Non-Refrigerated, Refrigerated, Heated, Insulated) | VANT | TK |
| Wrecker | WKR | TK |
| | | |
| TRUCKS (SINGLE) Light and Medium Duty Modified to pull a trailer or fifth wheel | | TT |
| TRUCK TRACTOR Heavy-duty 26,001 and over GVW | TTRAC | TR |
| TRAILERS | | |
| Any trailer | Various codes | |
| | | |

- * Use **TK** if the vehicle is designed to transport property. (Typically a pickup, box truck or van.)
- * Use **TT** if the vehicle is designed to tow a trailer. (Typically a semi-truck.)
- * See Picture examples of which code to use on Page 33.

Maximum Weights for IRP Jurisdictions (for up-to-date information go to www.irponline.org)

| Jurisdiction | Max Cab Card Weight (lbs) | Max Operating Weight (lbs) | Exceptions / Conditions | Overweight Permits | Change Notes |
|----------------------|---------------------------|----------------------------|---|--|---|
| Alabama | QUAL | 80,000 | N/A | Over 80,000 | Cab card changed to "QUAL" for anything over 80,000 |
| Alberta | 139,992 | 139,992 | N/A | N/A | N/A |
| Arizona | 80,000 | 80,000 | N/A | N/A | N/A |
| Arkansas | 80,000 | 80,000 | N/A | N/A | N/A |
| British Columbia | 139,994 | 141,100 | N/A | Permit is required | No change to cab card |
| California | 80,000 | 80,000* | N/A | *Without overweight permit | No change to cab card |
| Colorado | 80,000 | 85,000* | *85,000 max on non-interstate highways, 80,000 max on interstate highways, 80,000 max on cab card | *Without overweight permit | N/A |
| Connecticut | None* | None | N/A | *80,000 with OW permit | Cab card changed to reflect OW permit |
| Delaware | 80,000 | 80,000 | N/A | Permit is required | No change to cab card |
| District of Columbia | 80,000 | 80,000 | N/A | N/A | N/A |
| Florida | 80,000 | 80,000 | N/A | N/A | N/A |
| Georgia | 80,000 | 80,000 | N/A | N/A | N/A |
| Idaho | 129,000 | 129,000 | | | No change to cab card |
| Illinois | 80,000 | 80,000 | Contact IDOT | Contact IDOT | Contact IDOT 1 (217) 782-6271 |
| Indiana | 80,000 | 80,000 | N/A | Permit is required | No change to cab card |
| Iowa | Unlimited | No Maximum | Requires increase in registration to be reflected in registration documents | N/A | N/A |
| Kansas | 85,500 | 85,500 | *Max 80,000 on KS Interstate | Must be registered at 85,500 to purchase OW permit | No change to cab card |
| Kentucky | 80,000 | 80,000 | N/A | *Special permit over 80,000 | N/A |
| Louisiana | 88,000 | 88,000 | 83,400 Interstate, 88,000 non-interstate | Must be registered at 83,400 or 88,000 to purchase OW permit | N/A |
| Maine | 100,000 | 100,000 | N/A | N/A | No change to cab card |
| Manitoba | 139,994 | 139,994 | N/A | N/A | N/A |
| Maryland | 80,000 | 80,000 | N/A | N/A | No change to cab card |
| Massachusetts | None | None | N/A | No weight limit | No change to cab card |
| Michigan | 160,001 | 160,001 | N/A | Permit is required | No change to cab card |
| Minnesota | Unlimited | 80,000 | N/A | Over 80,000 | Cab card changed to reflect OW permit |
| Mississippi | 80,000 | 80,000 | N/A | N/A | No change to cab card |
| Missouri | 80,000 | 80,000 | N/A | Over 80,000 | No change to cab card |
| Montana | 138,000 | 138,000 | N/A | N/A | N/A |
| Nebraska | 94,000 | 94,000 | N/A | Over 94,000 | Cab card changed to reflect OW permit |
| Nevada | 80,000 | 129,000 | N/A | Over 80,000 | No change to cab card |
| New Brunswick | N/A | N/A | No info provided | No info provided | No info provided |

| Jurisdiction | Max Cab Card Weight (lbs) | Max Operating Weight (lbs) | Exceptions Conditions | / | Overweight Permits | Change Notes |
|-------------------------|---------------------------|----------------------------|---------------------------------|---|--|--|
| New Hampshire | 80,000 | 80,000 | N/A | | Over 80,000 | N/A |
| New Jersey | 80,000 | 80,000 | N/A | | Over 80,000 | No change to cab card |
| New Mexico | 80,000 | 86,400 | N/A | | N/A | N/A |
| New York | None | None | N/A | | Over 80,000 | Cab card changed to reflect OW permit |
| Newfoundland & Labrador | N/A | N/A | No info provided | | No info provided | No info provided |
| North Carolina | 80,000 | 80,000 | N/A | | Over 80,000 | No change to cab card |
| North Dakota | 105,500 | 105,500 | N/A | | N/A | No change to cab card |
| Nova Scotia | N/A | N/A | No info provided | | No info provided | No info provided |
| Ohio | 80,000 | 80,000 | N/A | | N/A | N/A |
| Oklahoma | 90,000 | 90,000 | N/A | | Over 80,000 annual permit | N/A |
| Ontario | 139,992 | 139,992 | N/A | | Over 139,992 | No info provided |
| Oregon | 105,500 | 105,500 | N/A | | Over 80,000 | No change to cab card |
| Pennsylvania | 80,000 | 80,000 | N/A | | N/A | N/A |
| Prince Edward Island | 137,788 | 137,788 | N/A | | Issued for indivisible loads. Not issued for divisible load; carrier fined and must off-load excess weight | No change to cab card |
| Quebec | N/A | N/A | N/A | | Over 137,500 | *Registration based on number of axles |
| Rhode Island | 80,000 | 80,000 | N/A | | Over 80,000 | No change to cab card |
| Saskatchewan | 139,994 | 139,994 | N/A | | N/A | N/A |
| South Carolina | 80,000 | 80,000 | N/A | | N/A | N/A |
| South Dakota | None | None | Must meet SD bridge weight laws | | Over 80,000 on interstate | Cab card changed to reflect OW permit |
| Tennessee | 80,000 | 80,000 | N/A | | N/A | N/A |
| Texas | 80,000 | 80,000 | N/A | | N/A | No change to cab card |
| Utah | 80,000 | 129,000 | N/A | | Issued for indivisible loads. Not issued for divisible load over 129,000 | No change to cab card |
| Vermont | 80,000 | 80,000 | Milk haulers up to 90,000 | | N/A | N/A |
| Virginia | 80,000 | 80,000 | N/A | | Over 80,000 | No change to cab card |
| Washington | 105,500 | 105,500 | N/A | | N/A | N/A |
| West Virginia | 80,000 | 80,000 | N/A | | N/A | N/A |
| Wisconsin | 80,000 | 80,000 | N/A | | N/A | N/A |
| Wyoming | 117,000 | 117,000 | N/A | | Over 117,000 | No change to cab card |

Weights for Wrecker and Tow Trucks

The following IRP Jurisdictions require wreckers and tow trucks to register by the **Combined Gross Weight**. This includes the weight of the fully equipped wrecker/tow truck, plus the maximum load it will carry.

| | | | |
|--------------|------------------|-------------|------------|
| Alberta | British Columbia | Connecticut | Florida |
| Georgia | Idaho | Maryland | New Mexico |
| Rhode Island | South Carolina | Texas | Vermont |
| Wyoming | | | |

The following IRP Jurisdictions require wreckers and tow trucks to register by the **Gross Weight**. This is the weight of the fully equipped wrecker/tow truck, plus the weight of the disabled vehicle that rests on the axles of the wrecker/tow truck.

| | | | |
|------------|------------|----------------------|-------------|
| Alabama | California | District of Columbia | Indiana |
| Iowa | Louisiana | Massachusetts | Mississippi |
| New Jersey | Nevada | North Carolina | Tennessee |
| Virginia | Washington | | |

The following IRP Jurisdictions require wreckers and tow trucks to register by the **Unladen Weight**. This is the weight of the fully equipped wrecker/tow truck, ready to operate.

| | | | |
|------------|---------------|--------------|---------------|
| Arkansas | Arizona | Colorado | Delaware |
| Kansas | Kentucky | Illinois | Michigan |
| Minnesota | Missouri | Nebraska | New Hampshire |
| New Mexico | New York | North Dakota | Oklahoma |
| Oregon | West Virginia | Pennsylvania | South Dakota |
| Quebec | Utah | Wisconsin | |

The following IRP Jurisdictions have special rules:

Michigan – Qualified (Flat Fee)

Montana – Gross Vehicle Weight according to GVW chart. May require oversize/overweight permit when towing a disabled combination.

Ohio – Will assess the registration fee on the gross weight of the fully equipped vehicle. The vehicle that is being towed must either be properly registered or bear an “in-transit” plate.

The remaining IRP Jurisdictions allow wreckers and tow trucks to register in one of two ways. If the disabled vehicle is properly registered, the carrier may register the **unladen weight** of the vehicle. If the disabled vehicle is not properly registered, the carrier must register the **combined gross weight** of the wrecker/tow truck.

Appendix B

Average Per Vehicle Distance Chart

This average per vehicle distance chart was developed from the total actual distance for all Wyoming based prorated vehicles. The result is the average distance that a Wyoming based fleet operates in a year.

- Wyoming IRP staff will use this chart for new carriers or new fleets with no actual miles.

| Jurisdictions | | Distance | Jurisdictions | | Distance |
|---------------|----------------------|----------|---------------|------------------------|----------|
| AL | Alabama | 33 | NB | New Brunswick | 0 |
| AB | Alberta | 18 | NH | New Hampshire | 1 |
| AZ | Arizona | 488 | NJ | New Jersey | 24 |
| AR | Arkansas | 110 | NM | New Mexico | 401 |
| BC | British Columbia | 45 | NY | New York | 23 |
| CA | California | 790 | NL | Newfoundland | 0 |
| CO | Colorado | 3,857 | NC | North Carolina | 293 |
| CT | Connecticut | 7 | ND | North Dakota | 2,374 |
| DE | Delaware | 13 | NS | Nova Scotia | 0 |
| DC | District of Columbia | 2 | OH | Ohio | 274 |
| FL | Florida | 210 | OK | Oklahoma | 272 |
| GA | Georgia | 67 | ON | Ontario | 2 |
| ID | Idaho | 531 | OR | Oregon | 111 |
| IL | Illinois | 136 | PA | Pennsylvania | 316 |
| IN | Indiana | 98 | PE | Prince Edward Island | 0 |
| IA | Iowa | 183 | QC | Quebec | 0 |
| KS | Kansas | 312 | RI | Rhode Island | 1 |
| KY | Kentucky | 60 | SK | Saskatchewan | 11 |
| LA | Louisiana | 67 | SC | South Carolina | 49 |
| ME | Maine | 1 | SD | South Dakota | 512 |
| MB | Manitoba | 5 | TN | Tennessee | 95 |
| MD | Maryland | 30 | TX | Texas | 1,053 |
| MA | Massachusetts | 7 | UT | Utah | 1,671 |
| MI | Michigan | 29 | VT | Vermont | 1 |
| MN | Minnesota | 77 | VA | Virginia | 107 |
| MS | Mississippi | 29 | WA | Washington | 175 |
| MO | Missouri | 141 | WV | West Virginia | 49 |
| MT | Montana | 1,904 | WI | Wisconsin | 51 |
| NE | Nebraska | 778 | WY | Wyoming | 12,260 |
| NV | Nevada | 433 | | Revised 11/2015 | |

Note: Wyoming's average per vehicle distance chart is revised annually, using the previous year reported distance and the number of units renewed for that year.

Appendix C

Wyoming IRS Offices (For more information regarding Form 2290 – Heavy Highway Vehicle Use Tax)

| City | Street Address | Days/Hours of Service | Telephone* |
|----------|---|---|----------------|
| Casper | 100 E. B St. Casper, WY 82601 | Monday-Friday - 8:30 a.m.-4:30 p.m. (Closed for lunch 12:30 p.m. - 1:30 p.m.) | (307) 261-6390 |
| Cheyenne | 5353 Yellowstone Rd. Cheyenne, WY 82009 | Monday-Friday - 8:30 a.m.-4:30 p.m. (Closed for lunch 12:30 p.m. - 1:30 p.m.) | (307) 633-0888 |
| Sheridan | 1949 Sugarland Dr. Sheridan, WY 82801 | Monday-Friday - 8:30 a.m.-4:30 p.m. (Closed for lunch 11:30 a.m. - 12:30 p.m.) | (307) 672-2788 |

* Note: The phone numbers in the chart above are not toll-free for all locations. When you call, you will reach a recorded business message with information about office hours, locations and services provided in that office. You may leave a message to request an appointment for help resolving a tax issue or to reschedule an existing appointment. You will receive a return call within two business days. If face-to-face assistance is not a priority for you, you may also get help with IRS letters or resolve tax account issues by phone, toll free at 1-800-829-1040 (individuals) or 1-800-829-4933 (businesses).

You may obtain more information and forms by accessing the IRS website.

www.irs.gov

IRP Jurisdictions

| | | |
|--|--|---|
| <p>Alabama Alabama Department of Revenue – Motor Vehciles Division P.O.Box 327620 Montgomery, AL 36132-7620 Phone: 334-242-9880 Fax: 334-242-9073</p> | <p>Delaware Delaware Motor Fuel Tax Administration 303 Transportation Circle Public Safety Building, Room 212 Dover, DE 19901 Phone: 302- 744-2701 Fax: 302- 739-6299</p> | <p>Kansas Kansas Division of Motor Vehicles 915 SW Harrison Docking State Office Building Topeka< KS 66626 Phone: 785-296-3601 Fax: 785-291-3755</p> |
| <p>Alberta Alberta Transportation Prorate Services 1st Floor, 803 Manning Road NE Calgary, AB T2E 7M8 Phone: 403-297-4148 Fax: 403-297-2917</p> | <p>District of Columbia District of Columbia Department of Motor Vehicles 95 M Street SW Washington District of Columbia, 20024 Phone: 202- 729-7079 Fax: 202- 729-7174</p> | <p>Kentucky Kentucky Transportation Cabinet 200 Mero Street Frankfort, KY 40622 Phone: 502-564-1257 Fax: 502-564-4138</p> |
| <p>Arizona Arizona Motor Vehicle Division 1801 W Jefferson Street Phoenix, AZ 85007 Phone: 602-712-6775 Fax: 602-712-3284</p> | <p>Florida Florida Division of Motor Vehicles 2900 Apalachee Parkway Neil Kirkland Building Tallahassee, FL 32399-0550 Phone: 850- 617-3711</p> | <p>Louisiana Louisiana Office of Motor Vehicles 7979 Independence Blvd. Baton Rouge, LA 70806 Phone: 225-925-6335 Fax: 225-925-3976</p> |
| <p>Arkansas Arkansas Department of Finance and Administration P.O. Box 1272 Little Rock, AR 72203 Phone: 501- 682-4630 Fax: 501-682-1116</p> | <p>Georgia Georgia Department of Revenue 4125 Welcome All Road Atlanta, GA 30349 Phone: 855- 406-5222</p> | <p>Maine Maine Bureau of Motor Vehicles 101 Hospital Street State House Station #29 Augusta, ME 04333-0029 Phone: 207-624-9000 x52135 Fax: 207- 624-9086</p> |
| <p>British Columbia Insurance Corporation of British Columbia PO Box 7500, Stn Main Vancouver, BC V6B 5R9 Canada Phone: 604-443-4450 Fax: 604-443-4451</p> | <p>Idaho Idaho Division of Motor Vehicles P.O. Box 7129 Boise, ID 83707 Phone: 208- 334-8000 Fax: 208- 334-3858</p> | <p>Manitoba Manitoba Public Insurance 510-234 Donald Street Box 6300 Winnipeg, MB R3C 4A4 Canada Phone: 204-985-7068 Fax: 204-953-4998</p> |
| <p>California California Department of Motor Vehicles P.O. Box 932382 Sacramento, CA 95818 Phone: 916- 657-7971 Fax: 916- 657-7372</p> | <p>Illinois Illinois Vehicle Services Department Room #312, Howlett Building 501 South 2nd Street Springfield, IL 62756 Phone: 217- 785-3000 Fax: 217- 557-6328</p> | <p>Maryland Maryland Motor Vehicle Administration 6601 Ritchie Highway, N.E. Glen Burnie, MD 21062 Phone: 410-768-7000</p> |
| <p>Colorado Colorado Dept. of Revenue - Title & Registration Section PO Box 173350 Denver, CO 80217-3350 Phone: 303-205-5691 Fax: 303-205-5764</p> | <p>Indiana Indiana Department of Revenue 7811 Millhouse Road, Suite M Indianapolis, IN 46241 Phone: 317-615-7340 Fax: 317-615-7310</p> | <p>Massachusetts Massachusetts Registry of Motor Vehicles 200 Arlington Street, Suite 2200 Chelsea, MA 02150 Phone: 857- 368-8120 Fax: 857- 368-0823</p> |
| <p>Connecticut Connecticut Department of Motor Vehicles Department of Motor Vehicles 60 State Street Wethersfield, CT 06161 Phone: 203 805-6015 Fax: 860 263-5582</p> | <p>Iowa Iowa Motor Vehicle Division 6310 SE Convenience Boulevard Ankeny, IA 50021 Phone: 515-244-8725 Fax: 515-237-3355</p> | <p>Michigan Michigan Secretary of State 7064 Crowner Drive Secondary Complex Lansing, MI 48918 Phone: 517-373-1837 Fax: 517-373-0727</p> |

| | | |
|--|---|---|
| <p>Minnesota Minnesota Driver and Vehicle Services Division 445 Minnesota Street Suite 196 St. Paul, MN 55101-5195 Phone: 651-296-2001 Fax: 651-296-3141</p> | <p>New Jersey New Jersey Motor Vehicle Commission 225 E. State Street Trenton, NJ 08666 Phone: 609 -292-4570 Fax: 609- 633-9394</p> | <p>Oklahoma Oklahoma Corporation Commission - Transportation Division 2101 N. Lincoln Boulevard Oklahoma City, OK 73105 Phone: 405- 521-3036 Fax: 405- 522-4974</p> |
| <p>Mississippi Mississippi State Tax Commission P.O. Box 22828 Jackson, MI 39225 Phone: 601-923-7411 Fax: 601-923-7423</p> | <p>New Mexico New Mexico Motor Vehicle Division 1100 S. St. Francis Dr. Room 2107 Santa Fe, NM 87505-4147 Phone: 505- 827-2296 Fax: 505- 827-2397</p> | <p>Ontario Ontario Ministry of Transportation Program Development and Evaluation Branch 1201 Wilson Avenue, Building "C" Room 143 Downsview Ontario M3M-1J8 Canada Phone: 416- 235-3923 Fax: 416- 235-3924</p> |
| <p>Missouri Missouri Motor Carrier Services 1320 Creek Trail Drive Jefferson City, MO 65109-2044 Phone: 573-751-6433 Fax: 573- 751-0916</p> | <p>New York New York Department of Motor Vehicles 6 Empire State Plaza Albany, NY 12228 Phone: 518 474-2121</p> | <p>Oregon Oregon Motor Carrier Transportation Division 3930 Fairview Industrial Drive SE Salem, OR 97302 Phone: 503- 378-6699 Fax: 503- 378-5765</p> |
| <p>Montana Montana Motor Carrier Services Division 2701 Prospect Avenue Helena, MT 59620 Phone: 406-444-6130 Fax: 406-444-7670</p> | <p>Newfoundland and Labrador Newfoundland and Labrador Motor Registration Division P.O. Box 8710 St. John's, NL A1B-4J5 Canada Phone: 709 729-2519 Fax: 709 729-6955</p> | <p>Pennsylvania Pennsylvania Safety Administration 1101 South Front Street, Riverfront Office Center Executive Offices, 4th Floor Harrisburg, PA 17104 Phone: 717- 346-0608 Fax: 717- 783-6349</p> |
| <p>Nebraska Nebraska Department of Motor Vehicles 301 Centennial Mall South Lincoln, NE 68510 Phone: 402-471-4435 or 888-622-1222 Fax: 402-471-4024</p> | <p>North Carolina North Carolina Division of Motor Vehicles 1100 New Bern Avenue Raleigh, NC 27697 Phone: 919- 861-3720 Fax: 919- 715-9129</p> | <p>Prince Edward Island Prince Edward Island Highway Safety Division P.O. Box 2000 Charlottetown, PE. C1A-9R9 Canada Phone: 902 368-5200 Fax: 902 368-6269</p> |
| <p>Nevada Nevada Department of Motor Vehicles 555 Wright Way Carson City, NV 89711 Phone: 775- 684-4368 Fax: 775 -684-4619</p> | <p>North Dakota North Dakota Department of Transportation 608 E. Boulevard Avenue Bismarck, ND 58505-0780 Phone: 701-328-2581 Fax: 701-328-4545</p> | <p>Quebec Societe de l'Assurance Automobile du Quebec 333 Boulevard Jean-Lesage, C.P. 19600 Quebec City, AC G1K-8J6 Canada Phone: 418- 528-4343 Fax: 418- 643-4624</p> |
| <p>New Brunswick New Brunswick Department of Public Safety PO Box 6000 Fredericton New Brunswick E3B-5H1 Canada Phone: 506- 453-2410 Fax: 506-453-741</p> | <p>Nova Scotia Service Nova Scotia and Municipal Relations Attn: Donna Holder - IRP P.O. Box 2734 Halifax, NS B3J 3P7 Canada Phone: 902- 424-5851 Fax: 902- 424-0720</p> | <p>Rhode Island Rhode Island Division of Motor Vehicles 150 Midway Road, Suite 153 Cranston, RI 02920 Phone: 401- 946-0090 Fax: 401- 946-0033</p> |
| <p>New Hampshire New Hampshire Department of Safety Division of Motor Vehicles 23 Hazen Drive Stephen E. Merrill Building Concord, NH 03305 603-227-4000 603-271-1153</p> | <p>Ohio Ohio Bureau of Motor Vehicles 1970 West Broad Street P.O. Box 16520 Columbus, OH 43216-6520 Phone: 614- 777-8400 Fax: 614 -771-4016</p> | <p>Saskatchewan Saskatchewan Government Insurance Branch & IRP Issuing 2260 11th Avenue Regina, SK S4P 2N7 Canada Phone: 306- 751-1250 Fax: 306- 359-0867</p> |

| | | |
|---|--|--|
| <p>South Carolina South Carolina Department of Motor Vehicles Motor Carrier Services 10311 Wilson Blvd, Bldg D Cube #105 Blythewood, SC 29016 Phone: 803- 896-3870 Fax: 803 -896-2698</p> | <p>Utah Utah Division of Motor Vehicles 210 North 1950 West Salt Lake City, UT 84134 Phone: 801- 297-7500 Fax: 801- 297-7697</p> | <p>West Virginia West Virginia Division of Motor Vehicles 5707 MacCorkle Avenue SE PO Box 17900 Charleston, WV 25317-0010 Phone: 304- 926-0799</p> |
| <p>South Dakota South Dakota Division of Motor Vehicles Anderson Building 445 E. Capitol Avenue Pierre, SD 57501-2080 Phone: 605- 773-3311 Fax: 605- 773-6729</p> | <p>Vermont Vermont Department of Motor Vehicles 120 State Street Montpelier, VT 05603-0001 Phone: 802- 828-2071 Fax: 802- 828-3577</p> | <p>Wisconsin Wisconsin Department of Transportation Division of Motor Vehicles PO Box 7911 Madison, WI 53707-7911 Phone: 608- 266-1113 Fax: 608- 266-9912</p> |
| <p>Tennessee Tennessee Department of Revenue Taxpayer & Vehicle Services Division Motor Carrier 301 Plus Park Blvd. Nashville, TN 37217 Phone: 615- 399-4265 Fax: 615- 254-9825</p> | <p>Virginia Virginia Department of Motor Vehicles 2300 W. Broad St. Richmond, VA 23269 Phone: 804- 367-0538 Fax: 804 367-6631</p> | <p>Wyoming Wyoming DOT – IRP 5300 Bishop Blvd Cheyenne, WY 82009-3340 Phone: 307-777-4829 Phone: 307-777-4735 Fax: 307-777-4772</p> |
| <p>Texas Texas Vehicle Titles & Registration Division 400 Jackson Avenue Austin TX 78731 Phone: 512-465-7570 Fax: 512-467-5909</p> | <p>Washington Washington Department of Licensing Prorate and Fuel Tax Services 2424 Bristol Court SW Olympia, WA 98502 Mailing: P.O. Box 9228 Olympia, WA 98507-9228 Phone: 360-664-1811 Fax: 360-664-8468</p> | |

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

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

| | | | | | |
|---|--|-----------------|---|--------------------|----------------|
| STEP #1 | APPLICANT INFORMATION | | | | |
| | Name of Business Entity (Sole proprietor- write your name here) | | Trade Name or d/b/a | | |
| | Physical Address | | City | State WY | ZIP |
| | <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 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 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, Association, 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? <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"/> Yes, Name Company _____ <input type="checkbox"/> No | | | | |
| | Do you plan to apply for an IFTA account? <input type="checkbox"/> Yes, list state _____ <input type="checkbox"/> 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 | | |

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

CHECK HERE IF THIS IS A NEW ACCOUNT

CHECK HERE IF YOU NEED A TEMPORARY PERMIT

FOR WYDOT USE ONLY:

SUPPLEMENT #

WEIGHT GROUP

| | | | | | | |
|---|------------------------------------|------------------------------|---|--|---|---|
| (1) Applicant Name | (2) Business Street Address | (3) City | (4) State | (5) Zip Code | (6) Applicant Phone No. () () () | (7) Date |
| (8) <input type="checkbox"/> Check here for Name or Address Change You must provide 3 proofs of the new physical address. | (9) Account No. | (10) Fleet No. | (11) Business Mailing Address (if different) City | | (13) State | (14) Zip Code |
| (15) County | (16) MC # | (17) Registration Yr. | (18) TIN Taxpayer Identification Number | (19) US DOT Number of Applicant | (20) Contact Person | (21) Phone Number () () () |
| | | | | | | (22) Fax Number () () () |

VEHICLE INFORMATION: List only one vehicle per line. Do not duplicate equipment numbers. Continue listing on an additional form if necessary.

| 1) TRANSACTION TYPE: | | 7) VEHICLE TYPE: | | | | | | | | | | 10) FUEL TYPE: | | | | | | | |
|---|---|--|------------------|-----------------|-------------------------------|---------------------------------|----------------------------|--|------------------|--|---------------------------------|---|------------------|--------------------------------|---|-------------------------------------|-------------------------------------|--|--------------------------------|
| ALPHA CODES Questions 1, 7, & 10 | | TRUCKS: | | | | | | | | | | D = Diesel G = Gas P = Propane O = Other | | | | | | | |
| A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate | | TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) BS = Bus ST = Any trailer | | | | | | | | | | | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (13a) | (14) | (15) | (16) | (17) | (18) | (19) |
| T R Y A P N E | ✓ Unit Travels 9,999 mi or less | Owners Unit Number | Y E A R | Make of Vehicle | Vehicle Identification Number | V E H I C L E | A S L O R S | U n l a d e n W e i g h t (e m p t y) | F U E L | Declared Gross or Combined Weight | Purchase Price of Vehicle | Date of Purchase or Lease Mo/Yr | ✓ If Lease | Factory Price of Vehicle | US DOT No. Responsible for Safety | ✓ See Inst. Section Two | ✓ See Inst. Section Two | Wyoming Title Number (Mandatory) | WY Apportioned Plate Number |
| | | | | | | | | | | | | | | | | | | | |

(20) If deleting a unit, list the reason for deletion:

| WEIGHT INFORMATION: | | TYPE OF OPERATION | | | | | | | | | | | | | | | | | |
|---|----|-------------------|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|
| If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight by the corresponding states. | | | | | | | | | | | | | | | | | | | |
| AB | CA | FL | IN | MB | MO | ND | NM | OK | QC | TN | WA | | | | | | | | |
| AL | CO | GA | KS | MD | MS | NE | NS | ON | RI | TX | WI | | | | | | | | |
| AR | CT | IA | KY | ME | MI | 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. 31-9-402.

| | | |
|---|---------------------------|------------------|
| EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.) | Insurance Provider | Date |
| <input type="checkbox"/> PRIVATE CARRIER | Policy Number | Signature |
| <input type="checkbox"/> HOUSEHOLD GOODS CARRIER | | |
| <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 | | |

- ❖ 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.
- ❖ **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.

2-3-4-5) 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.

6) Applicant Phone Number

7) Date

The month, day and year the application is being filed.

8) Name or Address Change?

Indicate if this is a name or address change. Provide 3 proofs of new physical address.

9) Account Number

Assigned by the Wyoming Department of Transportation. If one has not been assigned, leave blank.

10) 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.

11-12-13-14) 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.

15) County of Business Address

County of Physical address - NOT Mailing address

16) MC

Enter current MC (motor carrier) number.

17) Registration Year

Write Federal ID number. Social Security Numbers are not accepted.

18) Taxpayer Identification Number (TIN)

Write Federal ID number. Social Security Numbers are not accepted.

19) DOT Number

Enter US DOT Number. This must match either the applicant name or the name on the lease agreement.

20) Contact Person

The Person responsible for your paperwork or who is familiar with the requirements of the application.

21) Telephone Number

Telephone number including the area code of the person to contact regarding this application.

22) Fax Number

Fax number including area code.

Section Two

1) Transaction Type

Select from codes listed in Section 2:

A,D,C,L,N,T,R,U,W

2) Registering for Colorado

If registering for Colorado and unit travels 9,999 or fewer miles per year, nationally, 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, BS, ST

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, 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.)

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.

14) Factory Price of Vehicle

See Wyoming title, for factory price.

(15) US DOT No. Responsible for Safety

Enter US DOT No. of person responsible for vehicle safety.

16) Check

If motor carrier US DOT Number has changed since your last application.

17) Check

If the motor carrier responsible for the safety of this vehicle is expected to change during this registration year.

18) WY Title Number

The current WY Title Number. (May be obtained from your title or from your local County. Vehicle will not be registered without this information.)

19) 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.

20) Reason for Deletion

If deleting a unit, please indicate the reason for deletion.

Section Three

If you will operate at a weight, different from what is listed in column 11, in other states, indicate the different weight next to the corresponding states.

EXAMPLE: If Column 11 is 80,000 and you will operate in Oklahoma at 90,000, indicate the higher weight next to OK.

Check the box describing Type of Operation, provide Insurance Information and Sign/Date the Application

Mail, email or fax completed application to:

WYDOT

IRP Section

5300 Bishop Blvd.

Cheyenne, WY 82009

307.777.4829 or 307.777.4835

Fax 307.777.4772

mvs@wyo.gov

If emailing, please include IRP in the subject line.

**WYDOT
MVS -IRP/IFTA
5300 Bishop Blvd
Cheyenne, WY 82009
www.dot.state.wy.us**

**2016 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 10/14

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

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

CHECK HERE IF THIS IS A NEW ACCOUNT
 CHECK HERE IF YOU NEED A TEMPORARY PERMIT
 SUPPLEMENT # _____
 WEIGHT GROUP _____

| | | | | | | |
|---|--|--|---|--|--|--|
| (1) Applicant Name JOE CARRIER | (2) Business Street Address 1234 TRUCKING AVENUE | (3) City CHEYENNE | (4) State WY | (5) Zip Code 82009 | (6) Applicant Phone No. 307-777-4829 | (7) Date 1/1/2015 |
| (8) Check here for Name or Address Change You must provide 3 proofs of the new physical address. | | | | | | |
| (9) Account No. | (10) Fleet No. | (11) Business Mailing Address (if different) | | | | |
| | 1 | | | | | |
| (15) County LARAMIE | (16) MC # 123456 | (17) Registration Yr. 2015 | (18) TIN Taxpayer Identification Number 123451234 | (19) US DOT Number of Applicant 654321 | (20) Contact Person JOE CARRIER | (21) Phone Number 307-777-4829 |
| | | | | (22) Fax Number 307-777-4772 | | |

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.

| SECTION 1 | | SECTION 2 | | | | | | | | | | SECTION 3 | | | | | | | |
|--|----------|---|-----------|---------------------|-----------------------------------|-------------------------------|-------------|----------------------------|--------------|--|--------------------------------|--------------------------------------|----------------------|-------------------------------|--|----------------------------|----------------------------|---------------------------------------|--------------------------------|
| ALPHA CODES Questions 1, 7, & 10 | | 7) VEHICLE TYPE: | | | | | | | | | | 10) FUEL TYPE: | | | | | | | |
| 1) TRANSACTION TYPE: | | VEHICLE INFORMATION: | | | | | | | | | | | | | | | | | |
| N = DOT # Change T = Title Update R = Replacement Stickers U = Unit # Change W = Weight Increase | | TRUCKS: TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) BS = Bus ST = Any trailer | | | | | | | | | | | | | | | | | |
| A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate | | TRAILERS: ST = Any trailer | | | | | | | | | | | | | | | | | |
| (1) TTY | (2) Unit | (3) Owners | (4) Y | (5) Make of Vehicle | (6) Vehicle Identification Number | (7) V A S E H W I C I E T L S | (8) S E T S | (9) Unladen Weight (empty) | (10) F U E L | (11) Declared Gross or Combined Weight | (12) Purchase Price of Vehicle | (13) Date of Purchase or Lease Mo/Yr | (13a) Check If Lease | (14) Factory Price of Vehicle | (15) US DOT No. Responsible for Safety | (16) See Inst. Section Two | (17) See Inst. Section Two | (18) Wyoming Title Number (Mandatory) | (19) WY Appointed Plate Number |
| A | 123 | 2012 | PETERBILT | 1XPDP1234P1232456 | TR 3 | | | 17,000 | D | 80,000 | 85,000 | 1/2015 | | 99,000 | 654321 | | | 02-12345 | |
| Provide the following for each vehicle: <ul style="list-style-type: none"> • Copy of title • Proof of insurance • Sales tax receipt • IRS Form 2290 for trucks weighing 55,000 lbs or more • Lease Agreement if you are using another Company's DOT # | | | | | | | | | | | | | | | | | | | |

(20) If deleting a unit, list the reason for deletion:

WEIGHT INFORMATION:

If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight by the corresponding states.

| | | | |
|----|----|----|----|
| CA | FL | IN | MB |
| CO | GA | KS | MD |
| DE | IL | MA | MN |
| VA | VT | | |

TYPE OF OPERATION:

EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.)

PRIVATE CARRIER

HOUSEHOLD GOODS CARRIER

OWNER - OPERATOR (Under Lease)

COMMON/CONTRACT CARRIER

RENTAL OR LEASING COMPANY

HAZARDOUS MATERIALS CARRIER

NEW ACCOUNT

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 declare that all information on this application and any attachment is true, correct and complete to the best of my knowledge. _____ certifies 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.

ABC INSURANCE #12345 Policy Number

Insurance Provider Signature Date

If temporary permit is needed send signed, dated bill of sale (notarized if purchased from private party) and proof of insurance.

CHECK HERE IF THIS IS A NEW ACCOUNT
 CHECK HERE IF YOU NEED A TEMPORARY PERMIT
 FOR WYDOT USE ONLY:
 SUPPLEMENT #
 WEIGHT GROUP

| | | | | | | |
|---|--|--------------------------------------|---|--|--|--|
| (1) Applicant Name JOE CARRIER | (2) Business Street Address 1234 TRUCKING AVENUE | (3) City CHEYENNE | (4) State WY | (5) Zip Code 82009 | (6) Applicant Phone No. 307-777-4829 | (7) Date 1/1/2015 |
| (8) Check here for Name or Address Change You must provide 3 proofs of the new physical address. | (9) Account No. 14725 | (10) Fleet No. 1 | (11) Business Mailing Address (if different) | (12) City | (13) State | (14) Zip Code |
| (15) County LARAMIE | (16) MC # 123456 | (17) Registration Yr. 2015 | (18) TIN Taxpayer Identification Number 123451234 | (19) US DOT Number of Applicant 654321 | (20) Contact Person JOE CARRIER | (22) Fax Number 307-777-4772 |

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.

| 1) TRANSACTION TYPE: | | 7) VEHICLE TYPE: | | | | | | | | | | 10) FUEL TYPE: | | | | | | | |
|----------------------------------|-------|------------------|------------|---------------------|-----|-----------|-----------------------------------|----------------------------|--------------|--|--------------------------------|--------------------------------------|----------------------|-------------------------------|--|----------------------------|----------------------------|---------------------------------------|--------------------------------|
| ALPHA CODES Questions 1, 7, & 10 | | | | | | | | | | | | | | | | | | | |
| (1) T | (2) Y | (3) Unit | (4) Owners | (5) Make of Vehicle | (6) | (7) State | (8) Vehicle Identification Number | (9) Unladen Weight (empty) | (10) F U E L | (11) Declared Gross or Combined Weight | (12) Purchase Price of Vehicle | (13) Date of Purchase or Lease Mo/Yr | (13a) Check If Lease | (14) Factory Price of Vehicle | (15) US DOT No. Responsible for Safety | (16) See Inst. Section Two | (17) See Inst. Section Two | (18) Wyoming Title Number (Mandatory) | (19) WY Appointed Plate Number |
| A | 123 | 2012 | PETERBILT | 1XPDP1234P1232456 | TR | 3 | 17,000 | D | 80,000 | 85,000 | 1/2015 | ✓ | 99,000 | 654321 | ✓ | ✓ | 02-12345 | | |

1) TRANSACTION TYPE:
 N = DOT # Change
 T = Title Update
 R = Replacement Stickers
 U = Unit # Change
 W = Weight Increase

7) VEHICLE TYPE:
 TK = Straight Truck (pickup, box truck, van, etc)
 TR = Tractor (semi)
 BS = Bus
 U = Unit # Change
 W = Weight Increase

10) FUEL TYPE:
 D = Diesel
 G = Gas
 P = Propane
 O = Other

(20) If deleting a unit, list the reason for deletion:

WEIGHT INFORMATION:

| | | | |
|----|----|----|----|
| CA | FL | IN | MB |
| CO | GA | KS | MD |
| IL | MA | MI | MN |
| DE | IL | MA | MN |

See Section 3 instructions for weight information.

SECTION 3

If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight by the corresponding states.

TYPE OF OPERATION

EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.)

PRIVATE CARRIER

HOUSEHOLD GOODS CARRIER

OWNER - OPERATOR (Under Lease)

COMMON/CONTRACT CARRIER

RENTAL OR LEASING COMPANY

HAZARDOUS MATERIALS CARRIER

ADDING A VEHICLE

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;

I declare I understand that all applicable federal highway use taxes related to vehicles being registered through this application, that all information on this application and any attachment is true, correct and complete to the best of my knowledge, and 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.

ABC INSURANCE #12345 Policy Number

Insurance Provider Signature Date

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

CHECK HERE IF THIS IS A NEW ACCOUNT
 CHECK HERE IF YOU NEED A TEMPORARY PERMIT
 SUPPLEMENT # _____
 WEIGHT GROUP _____

| | | | | | | |
|--|---|--|---|--|--|-----------------------------|
| (1) Applicant Name JOE CARRIER | (2) Business Street Address 1234 TRUCKING AVENUE | (3) City CHEYENNE | (4) State WY | (5) Zip Code 82009 | (6) Applicant Phone No. 307-777-4829 | (7) Date 1/1/2015 |
| (8) <input type="checkbox"/> Check here for Name or Address Change You must provide 3 proofs of the new physical address. | | | | | | |
| (9) Account No. 14725 | (10) Fleet No. 1 | (11) Business Mailing Address (if different) | | | | |
| (12) Registration Yr. 2015 | (13) TIN Taxpayer Identification Number 123451234 | (14) US DOT Number of Applicant 654321 | (15) Contact Person JOE CARRIER | (16) Phone Number 307-777-4829 | (17) Fax Number 307-777-4772 | |

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.

| 1) TRANSACTIONS | | 7) VEHICLE TYPE: | | | | | | | | | | 10) FUEL TYPE: | | | | | | | |
|---|-----|------------------|--------|-----------------|-------------------------------|---------------------|---------|------------------------|-----------------------------------|---------------------------|---------------------------------|--------------------------|-----------------------------------|-----------------------|-----------------------|----------------------------------|---------------------------|------|--------|
| ALPHA CODES Questions 1, 7, & 10 A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate N = DOT # Change T = Title Update R = Replacement Stickers U = Unit # Change W = Weight Increase | | (8) | (9) | (10) | (11) | (12) | (13) | (13a) | (14) | (15) | (16) | (17) | (18) | (19) | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (13a) | (14) | (15) | (16) | (17) | (18) | (19) |
| TT | YY | Unit | Owners | Make of Vehicle | Vehicle Identification Number | V E H I C L E I D S | F U E L | Unladen Weight (empty) | Declared Gross or Combined Weight | Purchase Price of Vehicle | Date of Purchase or Lease Mo/Yr | Factory Price of Vehicle | US DOT No. Responsible for Safety | See Inst. Section Two | See Inst. Section Two | Wyoming Title Number (Mandatory) | Wy Appointed Plate Number | | |
| D | | 123 | 2012 | PETERBILT | 1XPDP1234P1232456 | TR | | | | | | | | | | | | | A12345 |

(20) If deleting a unit, list the reason for deletion: **DELETING THE VEHICLE**

WEIGHT INFORMATION:

| TYPE OF OPERATION | CA | FL | IN | MB | ND | NM | OK | QC | WA |
|--|----|----|----|----|----|----|----|----|----|
| EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.) | | | | | | | | | |
| PRIVATE CARRIER | | | | | | | | | |
| HOUSEHOLD GOODS CARRIER | | | | | | | | | |
| OWNER - OPERATOR (Under Lease) | | | | | | | | | |
| COMMON/CONTRACT CARRIER | | | | | | | | | |
| RENTAL OR LEASING COMPANY | | | | | | | | | |
| HAZARDOUS MATERIALS CARRIER | | | | | | | | | |

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.

DELETING A VEHICLE

I further declare that all information on this application and any attachment is true, correct and complete to the best of my knowledge. 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 points provided by W.S. 31-9-102.

| | | | |
|---------------------------|----------------------|------------------|-------------|
| Insurance Provider | Policy Number | Signature | Date |
|---------------------------|----------------------|------------------|-------------|

CHECK HERE IF THIS IS A NEW ACCOUNT CHECK HERE IF YOU NEED A TEMPORARY PERMIT CHECK HERE IF YOU WISH TO PURCHASE FROM PRIVATE PARTY AND PROVIDE PROOF OF INSURANCE.

FOR WYDOT USE ONLY: SUPPLEMENT # WEIGHT GROUP

(1) Applicant Name: **JOE CARRIER** (2) Business Street Address: **1234 TRUCKING AVENUE** (3) City: **CHEYENNE** (4) State: **WY** (5) Zip Code: **82009** (6) Applicant Phone No.: **307-777-4829** (7) Date: **1/1/2015**

(8) Check here for Name or Address Change (10) Fleet No.: **1** (11) Business Mailing Address (if different): (12) City: (13) State: (14) Zip Code:

(15) County: **LARAMIE** (16) MIC #: **123456** (17) Registration Yr.: **2015** (18) TIN Taxpayer Identification Number: **123451234** (19) US DOT Number of Applicant: **654321** (20) Contact Person: **JOE CARRIER** (21) Phone Number: **307-777-4829** (22) Fax Number: **307-777-4772**

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.

| 1) TRANSACTION TYPE: | | 7) VEHICLE TYPE: | | 10) FUEL TYPE: | | | | | | | | | | | | | | | |
|---|-------|--|-----------|---|-----------------------------------|-----------|-----------|----------------------------|--------------|--|--------------------------------|--------------------------------------|---------|-------------------------------|--|--------|---------------------------------------|------------|-------------------------------|
| Questions 1, 7, & 10 A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate N = DOT # Change T = Title Update R = Replacement Stickers U = Unit # Change W = Weight Increase | | TRUCKS: TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) BS = Bus TRAILERS: ST = Any trailer | | D = Diesel G = Gas P = Propane O = Other | | | | | | | | | | | | | | | |
| (1) TTY Unit | (2) ✓ | (3) Y | (4) E | (5) Make of Vehicle | (6) Vehicle Identification Number | (7) V A S | (8) H X E | (9) Unladen Weight (empty) | (10) F U E L | (11) Declared Gross or Combined Weight | (12) Purchase Price of Vehicle | (13) Date of Purchase or Lease Mo/Yr | (13a) ✓ | (14) Factory Price of Vehicle | (15) US DOT No. Responsible for Safety | (16) ✓ | (17) Wyoming Title Number (Mandatory) | (18) I W Y | (19) Apportioned Plate Number |
| A | 123 | 2012 | PETERBILT | 1XPDP1234P1232456 | TR | 3 | 17,000 | D | 80,000 | 85,000 | 1/2015 | 99,000 | 654321 | 02-12345 | A12345 | | | | |
| D | 456 | 2002 | KENWORTH | 1KWWA1234B789012 | TR | | | | | | | | | | 01-45678 | A12345 | | | |

(20) If deleting a unit, list the reason for deletion: **TRADED IN, REPLACING WITH 123**

WEIGHT INFORMATION: 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;

if you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight by the corresponding states.

See Section 3 instructions for weight information.

Provide the following for each vehicle unless you are applying for a temporary permit:

- Copy of title
- Sales tax receipt
- IRS Form 2290 for trucks weighing 55,000 lbs or more
- Copy of lease agreement if using another company's DOT #

TYPE OF OPERATION

EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.)

PRIVATE CARRIER

HOUSEHOLD GOODS CARRIER

OWNER - OPERATOR (Under Lease)

COMMON/CONTRACT CARRIER

RENTAL OR LEASING COMPANY

HAZARDOUS MATERIALS CARRIER

REPLACING A VEHICLE

the department in amounts provided by W.S. 31-9-102.

ABC INSURANCE #12345 Policy Number

Insurance Provider Signature Date

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

CHECK HERE IF THIS IS A NEW ACCOUNT

CHECK HERE IF YOU NEED A TEMPORARY PERMIT

FOR WYDOT USE ONLY:

SUPPLEMENT #

WEIGHT GROUP

| | | | | | | |
|--|--|--------------------------------------|---|--|--|--|
| (1) Applicant Name JOE CARRIER | (2) Business Street Address 1234 TRUCKING AVENUE | (3) City CHEYENNE | (4) State WY | (5) Zip Code 82009 | (6) Applicant Phone No. 307-777-4829 | (7) Date 1/1/2015 |
| (8) <input type="checkbox"/> Check here for Name or Address Change. You must provide 3 proofs of the new physical address. | (9) Account No. 14725 | (10) Fleet No. 1 | | | | |
| (15) County LARAMIE | (16) M/C # 123456 | (17) Registration Yr. 2015 | (18) TIN Taxpayer Identification Number 123451234 | (19) US DOT Number of Applicant 654321 | (20) Contact Person JOE CARRIER | (21) Phone Number 307-777-4829 |
| | | | | (22) Fax Number 307-777-4772 | | |

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 | 1) TRANSACTION TYPE: | 7) VEHICLE TYPE: | 10) FUEL TYPE: |
|--|--|---|----------------|
| Questions 1, 7, & 10 A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate N = DOT # Change T = Title Update R = Replacement Stickers U = Unit # Change W = Weight Increase | TRUCKS: TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) BS = Bus TRAILERS: ST = Any trailer | D = Diesel G = Gas P = Propane O = Other | |

| SECTION 1 | SECTION 2 | SECTION 3 | SECTION 4 | SECTION 5 | SECTION 6 | SECTION 7 | SECTION 8 | SECTION 9 | SECTION 10 | SECTION 11 | SECTION 12 | SECTION 13 | SECTION 14 | SECTION 15 | SECTION 16 | SECTION 17 | SECTION 18 | SECTION 19 | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|
| | | | | | | | | | | | | | | | | | | | |

(20) If deleting a unit, list the reason for deletion:

WEIGHT INFORMATION:

If you will operate at a different weight, (other than what is in column 14) in other states, indicate that weight by the corresponding states.

| TYPE OF OPERATION | STATE | WEIGHT |
|--|-------|--------|
| EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.) | | |
| PRIVATE CARRIER | | |
| HOUSEHOLD GOODS CARRIER | | |
| OWNER - OPERATOR (Under Lease) | | |
| COMMON/CONTRACT CARRIER | | |
| RENTAL OR LEASING COMPANY | | |
| HAZARDOUS MATERIALS CARRIER | | |

WEIGHT INCREASE

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;
- did all applicable federal highway use taxes related to vehicles being registered through this application.

that all information on this application and any attachment is true, correct and complete to the best of my knowledge, that the listed vehicles are covered by a motor vehicle liability policy in full force and effect in amounts provided by W.S. 31-9-102. the department in amounts provided by W.S. 31-9-102.

ABC INSURANCE #12345
Insurance Provider Policy Number Signature Date

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

CHECK HERE IF THIS IS A NEW ACCOUNT
 CHECK HERE IF YOU NEED A TEMPORARY PERMIT
 SUPPLEMENT # _____
 WEIGHT GROUP _____

| | | | | | | |
|---|---|--|--|--|--|-----------------------------|
| (1) Applicant Name JOE CARRIER | (2) Business Street Address 1234 TRUCKING AVENUE | (3) City CHEYENNE | (4) State WY | (5) Zip Code 82009 | (6) Applicant Phone No. 307-777-4829 | (7) Date 1/1/2015 |
| (8) Check here for Name or Address Change You must provide 3 proofs of the new physical address. | | | | | | |
| (9) Account No. 14725 | (10) Fleet No. 1 | (11) Business Mailing Address (if different) | | | | |
| (12) Registration Yr. 2015 | (13) TIN Taxpayer Identification Number 123451234 | (14) Contact Person JOE CARRIER | (15) Phone Number 307-777-4829 | (16) Fax Number 307-777-4772 | | |
| (17) County LARAMIE | (18) MC # 123456 | | | | | |

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.

| SECTION 1 | | SECTION 2 | | | | | | | | | | SECTION 3 | | | | | | | |
|----------------------------------|-------|---|-------|---------------------|-----------------------------------|-------|-------|----------------------------|--------|--|--------------------------------|--------------------------------------|-------------------------------|--|----------------------------|----------------------------|---------------------------------------|--------------------------------|--------|
| ALPHA CODES Questions 1, 7, & 10 | | 7) VEHICLE TYPE: | | | | | | | | | | 10) FUEL TYPE: | | | | | | | |
| 1) TRANSACTION TYPE: | | TRUCKS: | | | | | | | | | | D = Diesel | | | | | | | |
| N = DOT # Change | | TK = Straight Truck (pickup, box truck, van, etc) | | | | | | | | | | G = Gas | | | | | | | |
| T = Title Update | | TR = Tractor (semi) | | | | | | | | | | P = Propane | | | | | | | |
| R = Replacement Stickers | | BS = Bus | | | | | | | | | | O = Other | | | | | | | |
| U = Unit # Change | | TRAILERS: | | | | | | | | | | | | | | | | | |
| W = Weight Increase | | ST = Any trailer | | | | | | | | | | | | | | | | | |
| (1) T | (2) Y | (3) Owners | (4) Y | (5) Make of Vehicle | (6) Vehicle Identification Number | (7) V | (8) A | (9) Unladen Weight (empty) | (10) F | (11) Declared Gross or Combined Weight | (12) Purchase Price of Vehicle | (13) Date of Purchase or Lease Mo/Yr | (14) Factory Price of Vehicle | (15) US DOT No. Responsible for Safety | (16) See Inst. Section Two | (17) See Inst. Section Two | (18) Wyoming Title Number (Mandatory) | (19) WY Appointed Plate Number | |
| C | | 123 | 2012 | PETERBILT | 1XPDP1234P1232456 | TR | | | | | | | | | | | | | A12345 |

(20) If deleting a unit, list the reason for deletion:

WEIGHT INFORMATION:

If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight by the corresponding states.

| TYPE OF OPERATION | CA | FL | IN | MB | ND | OK | QC | WA |
|--|----|----|----|----|----|----|----|----|
| EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.) | | | | | | | | |
| PRIVATE CARRIER | | | | | | | | |
| HOUSEHOLD GOODS CARRIER | | | | | | | | |
| OWNER - OPERATOR (Under Lease) | | | | | | | | |
| COMMON/CONTRACT CARRIER | | | | | | | | |
| RENTAL OR LEASING COMPANY | | | | | | | | |
| HAZARDOUS MATERIALS CARRIER | | | | | | | | |

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 declare that all information on this application and any attachment is true, correct and complete to the best of my knowledge. I 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.

LOST CAB CARD

ABC INSURANCE #12345 Signature _____ Date _____
Insurance Provider Policy Number

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

CHECK HERE IF THIS IS A NEW ACCOUNT
 CHECK HERE IF YOU NEED A TEMPORARY PERMIT
 FOR WYDOT USE ONLY:
 SUPPLEMENT #
 WEIGHT GROUP

| | | | | | | |
|---|--|--------------------------------------|---|---|--|--|
| (1) Applicant Name JOE CARRIER | (2) Business Street Address 1234 TRUCKING AVENUE | (3) City CHEYENNE | (4) State WY | (5) Zip Code 82009 | (6) Applicant Phone No. 307-777-4829 | (7) Date 1/1/2015 |
| (8) Check here for Name or Address Change You must provide 3 proofs of the new physical address. | | (9) Account No. 14725 | (10) Fleet No. 1 | (11) Business Mailing Address (if different) | (12) City | (13) State |
| (14) County LARAMIE | (15) MC # 123456 | (16) Registration Yr. 2015 | (17) TIN Taxpayer Identification Number 123451234 | (18) US DOT Number of Applicant OLD DOT # | (19) Phone Number 307-777-4829 | (20) Fax Number 307-777-4772 |

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 A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate N = DOT # Change T = Title Update R = Replacement Stickers U = Unit # Change W = Weight Increase | 1) TRANSACTION TYPE: TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) BS = Bus ST = Any trailer | 7) VEHICLE TYPE: D = Diesel G = Gas P = Propane O = Other | 10) FUEL TYPE: |
|---|--|---|----------------|

| (1) TTY | (2) Unit | (3) Owners | (4) Year | (5) Make of Vehicle | (6) Vehicle Identification Number | (7) State | (8) Weight | (9) Unladen Weight (empty) | (10) FUEL | (11) Declared Gross or Combined Weight | (12) Purchase Price of Vehicle | (13) Date of Purchase or Lease Mo/Yr | (13a) If Lease | (14) Factory Price of Vehicle | (15) US DOT No. Responsible for Safety | (16) See Inst. Section Two | (17) See Inst. Section Two | (18) Wyoming Title Number (Mandatory) | (19) WY Appointed Plate Number |
|---------|----------|------------|----------|---------------------|-----------------------------------|-----------|------------|----------------------------|-----------|--|--------------------------------|--------------------------------------|----------------|-------------------------------|--|----------------------------|----------------------------|---------------------------------------|--------------------------------|
| N | | 123 | 2012 | PETERBILT | 1XPDP1234P123456 | TR | | | | | | | | | NEW DOT# | X | | | A12345 |

• Provide a copy of the lease agreement.
 • Check box 16 since your DOT number has changed.
 • Check box 17 if your DOT number will change again in the registration year.

(20) If deleting a unit, list the reason for deletion:

WEIGHT INFORMATION:

If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight by the corresponding states.

| | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|
| CA | FL | IN | MB | NC | OH | PE | SC | TX | VA | VT |
| CO | GA | KS | MD | NH | NY | PA | RI | UT | WA | WI |
| CT | IA | KY | ME | MI | MN | NE | ND | OR | SD | WV |
| AZ | ID | LA | MA | MI | MN | NE | ND | OR | SD | WV |
| BC | DE | IL | MA | MI | MN | NE | ND | OR | SD | WV |

TYPE OF OPERATION:

EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.)

PRIVATE CARRIER

HOUSEHOLD GOODS CARRIER

OWNER - OPERATOR (Under Lease)

COMMON/CONTRACT CARRIER

RENTAL OR LEASING COMPANY

HAZARDOUS MATERIALS CARRIER

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 declare that all information on this application and any attachment is true, correct and complete to the best of my knowledge. _____ 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.

DOT # CHANGE

| | | | |
|--------------------|--------|---------------|-----------|
| Insurance Provider | #12345 | Policy Number | Signature |
| ABC INSURANCE | | | |

Date

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

CHECK HERE IF THIS IS A NEW ACCOUNT
 CHECK HERE IF YOU NEED A TEMPORARY PERMIT
 SUPPLEMENT # _____
 WEIGHT GROUP _____

| | | | | | | |
|---|---|--|---|--|--|-----------------------------|
| (1) Applicant Name JOE CARRIER | (2) Business Street Address 1234 TRUCKING AVENUE | (3) City CHEYENNE | (4) State WY | (5) Zip Code 82009 | (6) Applicant Phone No. 307-777-4829 | (7) Date 1/1/2015 |
| (8) Check here for Name or Address Change You must provide 3 proofs of the new physical address. | | | | | | |
| (9) Account No. 14725 | (10) Fleet No. 1 | (11) Business Mailing Address (if different) | | | | |
| (12) Registration Yr. 2015 | (13) TIN Taxpayer Identification Number 123451234 | (14) US DOT Number of Applicant 654321 | (15) Contact Person JOE CARRIER | (16) Phone Number 307-777-4829 | (17) Fax Number 307-777-4772 | (18) Zip Code |
| (19) County LARAMIE | (20) MC # 123456 | (21) State | | | | |

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.

| 1) TRANSACTION TYPE: | | 7) VEHICLE TYPE: | | | | | | | | | | 10) FUEL TYPE: | | | | | | | |
|---|-----|---|--------|-----------|-------------------|-------------------------------|-------|---------|------------------------|-----------------------------------|---------------------------|---|------------|--------------------------|-----------------------------------|-----------------------|-----------------------|----------------------------------|---------------------------|
| ALPHA CODES Questions 1, 7, & 10 A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate N = DOT # Change T = Title Update R = Replacement Stickers U = Unit # Change W = Weight Increase | | TRUCKS: TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) BS = Bus ST = Any trailer | | | | | | | | | | D = Diesel G = Gas P = Propane O = Other | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (13a) | (14) | (15) | (16) | (17) | (18) | (19) |
| TT | RY | Unit | Owners | VE | Make of Vehicle | Vehicle Identification Number | V A S | F U E L | Unladen Weight (empty) | Declared Gross or Combined Weight | Purchase Price of Vehicle | Date of Purchase or Lease Mo/Yr | ✓ If Lease | Factory Price of Vehicle | US DOT No. Responsible for Safety | See Inst. Section Two | See Inst. Section Two | Wyoming Title Number (Mandatory) | Wy Appointed Plate Number |
| T | | 123 | 2012 | PETERBILT | 1XPDP1234P1232456 | TR 3 | | D | 17,000 | 80,000 | 85,000 | 1/2015 | ✓ | 99,000 | 654321 | ✓ | ✓ | NEW TITLE # | A12345 |
| (20) If deleting a unit, list the reason for deletion: WEIGHT INFORMATION: If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight by the corresponding states. | | | | | | | | | | | | | | | | | | | |

TYPE OF OPERATION:

EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.)

PRIVATE CARRIER

HOUSEHOLD GOODS CARRIER

OWNER - OPERATOR (Under Lease)

COMMON/CONTRACT CARRIER

RENTAL OR LEASING COMPANY

HAZARDOUS MATERIALS CARRIER

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 declare that all information on this application and any attachment is true, correct and complete to the best of my knowledge. _____ 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 UPDATE

| | |
|--------------------|---------------|
| ABC INSURANCE | #12345 |
| Insurance Provider | Policy Number |
| Signature | Date |

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

CHECK HERE IF THIS IS A NEW ACCOUNT
 CHECK HERE IF YOU NEED A TEMPORARY PERMIT
 SUPPLEMENT # _____
 WEIGHT GROUP _____

| | | | | | | |
|---|---|--|--|--|--|-----------------------------|
| (1) Applicant Name JOE CARRIER | (2) Business Street Address 1234 TRUCKING AVENUE | (3) City CHEYENNE | (4) State WY | (5) Zip Code 82009 | (6) Applicant Phone No. 307-777-4829 | (7) Date 1/1/2015 |
| (8) Check here for Name or Address Change You must provide 3 proofs of the new physical address. | | | | | | |
| (9) Account No. 14725 | (10) Fleet No. 1 | (11) Business Mailing Address (if different) | | | | |
| (12) Registration Yr. 2015 | (13) TIN Taxpayer Identification Number 123451234 | (14) Contact Person JOE CARRIER | (15) Phone Number 307-777-4829 | (16) Fax Number 307-777-4772 | | |
| (17) MC # 123456 | | | | | | |

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.

| 1) TRANSACTION TYPE: | | 7) VEHICLE TYPE: | | | | | | | | | | 10) FUEL TYPE: | | | | | | | |
|---|----------|--|-------------|---------------------|-----------------------------------|-----------------------|-------------|-------------|-----------------------------|--|--------------------------------|---|----------------------|-------------------------------|--|----------------------------|----------------------------|---------------------------------------|--------------------------------|
| A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate N = DOT # Change T = Title Update R = Replacement Stickers U = Unit # Change W = Weight Increase | | TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) BS = Bus ST = Any trailer | | | | | | | | | | D = Diesel G = Gas P = Propane O = Other | | | | | | | |
| (1) T R Y A N E S | (2) Unit | (3) Owners Unit Number | (4) Y F A R | (5) Make of Vehicle | (6) Vehicle Identification Number | (7) V A W H I C E L S | (8) S E T S | (9) F U E L | (10) Unladen Weight (empty) | (11) Declared Gross or Combined Weight | (12) Purchase Price of Vehicle | (13) Date of Purchase or Lease Mo/Yr | (13a) Check If Lease | (14) Factory Price of Vehicle | (15) US DOT No. Responsible for Safety | (16) See Inst. Section Two | (17) See Inst. Section Two | (18) Wyoming Title Number (Mandatory) | (19) WY Appointed Plate Number |
| U | OLD | 123 | 2012 | PETERBILT | 1XPDP1234P123456 | TR | | | | | | | | | | | | | A12345 |
| | NEW | 321 | | | | | | | | | | | | | | | | | |

(20) If deleting a unit, list the reason for deletion:

WEIGHT INFORMATION:

If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight by the corresponding states.

| TYPE OF OPERATION | CA | FL | IN | MB | MO | ND | OK | QC | WA |
|--|----|----|----|----|----|----|----|----|----|
| EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.) | | | | | | | | | |
| PRIVATE CARRIER | | | | | | | | | |
| HOUSEHOLD GOODS CARRIER | | | | | | | | | |
| OWNER - OPERATOR (Under Lease) | | | | | | | | | |
| COMMON/CONTRACT CARRIER | | | | | | | | | |
| RENTAL OR LEASING COMPANY | | | | | | | | | |
| HAZARDOUS MATERIALS CARRIER | | | | | | | | | |

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 declare that all information on this application and any attachment is true, correct and complete to the best of my knowledge. I 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.

UNIT # CHANGE

ABC INSURANCE #12345 Policy Number

Insurance Provider Signature Date