

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

**WYDOT - IFTA
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	County	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 Contact Name and Phone Number		Customer Fax Number	Customer E-Mail		
	Mailing Address		City	State	ZIP	
	<input type="checkbox"/> Check here if this mailing address is for a reporting service or agent. (Please attach POA.)					
	Agent Contact Name and Phone Number		Agent Fax Number	Agent E-Mail		
	Federal ID Number		U.S. DOT Number	If you lease to another company, that company's U.S. DOT Number		
	STEP #2	ORGANIZATIONAL STRUCTURE				
<input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> A Limited Liability Company <input type="checkbox"/> A Corporation						
If a corporation or an LLC, incorporated/organized under the laws of:						
The State of:			Date of Incorporation/Articles of Organization:			
If the applicant is a Partnership, Limited Liability Co, or Corporation, list names of all partners or principle officers.						
		Name	Title	Address		
STEP #3	OPERATIONAL INFORMATION					
	Have you ever had an IFTA account in any other jurisdiction? <input type="checkbox"/> Yes, Provide jurisdiction _____ <input type="checkbox"/> No					
	Were you ever affiliated with a company that has been revoked? <input type="checkbox"/> Yes, Name Company _____ <input type="checkbox"/> No					
	Do you plan to apply for an IRP account? <input type="checkbox"/> Yes, list state _____ <input type="checkbox"/> No, Why not _____					
	In which jurisdiction are your vehicles currently plated? _____					
	<input type="checkbox"/> Provide a list of all IFTA vehicles that are NOT Wyoming Apportioned plated. Include VIN, Unit #, and Plate #					
	Do you maintain bulk fuel storage? <input type="checkbox"/> Yes, Provide jurisdiction(s) _____ <input type="checkbox"/> No					
	Fuel Type: Mark all that apply <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Other _____					
	Describe the nature of the business requiring the use of a motor vehicle and list the commodities you transport.					
	IFTA License Fee \$10.00 IFTA Decal Fees \$3.00 per set. Number of sets requested _____ x \$3.00 = _____ + \$10.00 = _____ Make checks payable to WYDOT TOTAL DUE *					
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 IFTA account.					
	Signature of Applicant			Date		