APPLICATION FOR WYOMING OPERATING AUTHORITY AS A COMMERCIAL MOTOR CARRIER

FOR WYOMING DEPARTMENT OF					
TRANSPORTATION USE ONLY					
Docket Number					
\$50.00 filing fee for NEW APPLICATION					
\$50.00 filing fee for NAME CHANGE					



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	\$50.00 filing fee for NAME CHANGE						
	APPLICANT INFORMATION						
	Personal name or Corp or LLC Name						
	Trade Name or d/b/a						
#1	Mailing Address		City	State	ZIP		
STEP #1	Division Address		City.	Chaha	710		
S	Physical Address	City State ZIP		ZIP			
	Phone Number	e Number Cell Number		Fax Number	Number		
	Federal ID Number or SS Number	U.S. DOT Number	I.S. DOT Number Email Ad		Idress		
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	CARRIER INFORMATION (If you are applying for both Private and Contract, check both boxes.)						
	A Private Carrier is any person engaged in business and operating a vehicle which has a gross vehicle weight						
	exceeding 26,000 pounds who, without compensation, transports intrastate over state highways their employees or property of which the person is the owner, lessee or bailee, used in the furtherance of any commercial enterprise.						
	A Contract Carrier is any person engaged in the intrastate transportation of people or property by motor vehicle on						
	state highways for compensation.						
	Private Carrier and/or Contract Carrier						
	The applicant will transport: (Check all that apply.)						
	Property Passengers House Trailer/Mobile Home						
STEP #2	Towing/Recovery Vehicle Wrecker Inspection (Required for Towing/Recovery Vehicles)						
STE	The applicant will be the sole owner and in control of the transportation operations herein proposed; the applicant is:						
	An Individual A Partnership A Limited Liability Company A Corporation						
	If a corporation or an LLC, incorporated/organized under the laws of: The State of: Date of Incorporation/Articles of Organization:						
	The state of mediporation/Articles of Organization.						
	If the applicant is a Partnership, Association, or Corporation, list names of all partners or principle officers.						
	Name		Title	Ac	ldress		
	Complete if seeking PRIVATE CARRIER AUTHORITY for UNITS IN EXCESS OF 26,000 LBS. GROSS VEHICLE WEIGHT						
	(Hauling your own property or employees)						
#3	Describe the nature or character of the business or commercial enterprise requiring the use of a motor vehicle and specifically list the commodities you intend to transport. (ie: company employees, company owned equipment, etc.)						
STEP #3							
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Form MC100(07/2015) Page 1

	Complete if seeking a CONTRACT CARRIER AUTHORITY (INTRAstate contract ha	auling).				
	Describe the nature or character of the business or commercial enterprise requiring the use of a motor vehicle and specifically list the commodities you intend to transport for compensation. (ie: passengers, rocks, equipment, etc.) If you are transporting people, list the number of passengers you can transport, including the driver for taxis, shuttles, or buses (fishing, hunting, or tour guides). NOTE : More than 9 passengers, including the driver, must have a USDOT #.					
STEP #4	INSURANCE REQUIREMENTS FOR CONTRACT CARRIER AUTHORITY:					
	All Contract Carriers require liability insurance filings (Form E) prior to the authority being approved. The required amount of coverage of \$500,000 combined single limit (CSL). That amount must be typed in the upper left corner of the Form E filing.					
	Most Contract Carriers require cargo insurance filing (Form H) prior to the authority being approved. Cargo insurance is not required if the cargo that is transported has no appreciable salvage value. [ie raw agricultural products (except livestock), sand, (not in pneumatic trailers), rock, dirt, gravel. etc.] The required amount of coverage is \$10,000. The amount (or greater, if more insurance is carried) must be typed in the upper left corner of the Form H filing.					
	All Contract Carriers transporting mobile homes require cargo insurance filings (Form MC-61E) prior to the authority being approved. The minimum required amount of coverage is \$5,000.					
	Insurance underwriter fillings can be scanned, then attach to an email & send					
ξ.	Please refer to W.S. 31-18-201 (a)(b)(c) to determine Wyoming State Registration requirements for your vehicle(s). Refer to http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title31/T31CH18.htm .					
STEP #5	If you would like a copy of the Rules and Regulations Governing Motor Carriers, please access the internet at http://www.dot.state.wy.us/wydot/site/wydot/Motor Carrier . Click on Chapter 1, Motor Carriers.					
	AFFIDAVIT					
STEP #6	I, the applicant, understand that filling of this application does not, in itself, constitute authority to operate. I agree to notify the Department of Transportation immediately of any changes of address, legal ownership, commodities transported operation or territory in the event this application is granted in whole or in part. I also understand the difference between being a Private Carrier and a Contract Carrier.					
	I hereby certify that the information facts and statements made above are correct and acknowledge that false information could lead to revocation of any authority granted.					
0,	Signature of Applicant	Date				
	Authorized Agent of Applicant (Please attach POA.)	Date				
	We accept Credit Cards, but account numbers & expirations MUST be called into our office 307-777-4850. For all Credit Card purchases, there will be a Vital Check handling fee of \$2.50.					
	If mailing application and sending check, make check payable to WY	_				
	BOTH pages 1 & 2 must be returned before Authority can be issued.					
<u>.</u>	Sign and date page 2 of this application.					
STEP #7	A fee of \$50.00 is required for a name change. No fee for address update only.					
STE	MAIL APPLICATION TO THE <u>ADDRESS BELOW</u> OR EMAIL APP	LICATION TO mvs@wyo.gov				
	Wyoming Department of Transportation, Regulatory Section					
	5300 Bishop Blvd.					
	Cheyenne, WY 82009-3340					
	Phone: 307-777-4850 Fax: 307-777-4	1772				

Form MC100(07/2015) Page 2