



APPLICATION FOR OUT-OF-STATE VEHICLE MANUFACTURER LICENSE

Annual License Fee:

\$100.00-renewable in January of each year

This license is only required for manufacturers who manufacture or distribute motor vehicles with more than two (2) wheels.

FOR WYDOT USE ONLY	
License Number	
Expiration Date	
Date Mailed	

STEP #1		LICENSEE INFORMATION			
		<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application			
		Legal Name of Applicant (Corporate, LLC, Partner(s), Or Sole Proprietor)			
		DBA/Trade Name (Name under which business will be operated)			
		Physical Address of Principal Place of Business (No PO Box)	City	State	ZIP
		Mailing Address (If other than Principal Place of Business)	City	State	ZIP
		Primary Phone Number () -	Toll Free Number () -	Fax Number () -	
		Contact Person for Business	Title		
		Phone Number () -	Email		
STEP #2		TYPE OF OWNERSHIP			
		<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Type _____			
		Incorporated under the Laws of the State of	Date of Incorporation		
		Are you registered with the Wyoming Secretary of State? (Secretary of State Phone Number: 307-777-7311) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Registered		
		Please submit a list of the officers and directors if you are a corporation.			
		Please submit a list of members, managers or partners, if you are a limited liability company or partnership.			



STEP #3	VEHICLE TYPE AND BRANCH INFORMATION		
	List makes and types of vehicles to be Manufactured or Distributed in Wyoming		
	Attach Copies of the Dealer Preparation Obligations which are required to be performed by a Dealer prior to delivery of a New Motor Vehicle		
	List Address of Manufacturer and/or Distributor Branch(s) in Wyoming		
	List or Attach the Names and Addresses of each of the Franchisees or Sales Locations in Wyoming		
	List Names and Addresses of Manufacturer and/or Distributor Agents Or Representatives in Wyoming		
Additional Space, if Needed			
STEP #4	I hereby swear or affirm under penalty of perjury that the information on this application and attachments is true and correct. I understand any false information regarding the above requirements could subject my license or application to denial, suspension or revocation. I, as owner, officer, or other authorized agent of the company, have the authority to sign this application.		
	Printed Name	Title	Phone Number
	Signature		Date
STEP #5	APPLICANT SHALL MAIL THIS APPLICATION AND FEE TO: WYDOT, ATTN: Motor Vehicle Services, 5300 Bishop Blvd., Cheyenne, Wyoming 82009-3340 FOR ADDITIONAL INFORMATION: Phone: 307-777-4717 or 307-777-4825, Fax: 307-777-4772, or visit our website at http://www.dot.state.wy.us		