## APPLICATION FOR RENTAL VEHICLE AGENCY CERTIFICATE

## Annual Certificate Fee: \$100.00 per Wyoming Licensee

FOR WYDOT USE ONLY				
Certificate Number(s)				
Expiration Date				
Date Mailed				

	LICENSEE INFORMATION									
STEP #1	New Application Renewal Application (Certificate #)									
	Legal Name of Rental Vehicle Agency (Corporate, LLC, LP, General Partnership, or Sole Proprietor)									
	DBA/Trade Name (Name under which the Rental Vehicle Agency will be operated)									
	Mailing Address	City	S	tate	ZIP					
	Phone Number	Number Toll Free Numl			er Fax Number					
	Contact Person	Title								
	Phone Number									
STEP #2	OWNERSHIP/TAX ID INFORMATION									
	Corporation*	Limited Liab	ility Company*	Limited Partnership*						
	General Partnership Sole Proprietorship									
	*Must Register and maintain Good Standing with the Wyoming Secretary of State, 307-777-7311. You must include Articles of Incorporation or Organization with your license application if you are first time applicant or if any change has been made to your current company.									
	Incorporated under the Laws of the State	Date of Incorporation								
	State of Wyoming Sales/Use Tax # (attach	Federal ID or SSN # (attach proof)								
S	List all Owners, Partners, Members, Corporate Officers of the company or business (Attachments may be included)									
	Name		Title	Date of Birth	n SSN#					
	Home Address (Not Business Address)		City	State	Zip					
	Name -		Title	Date of Birth	n SSN#					
	Home Address (Not Business Address)		City	State	Zip					
	RENTAL VEHICLE AGENCY FLEET INFORMATION									
STEP #3	Type of Vehicles in Rental Vehicle Fleet (Passenger Cars, Vans, Trucks, Motorcycles, ATVs, Trailers, etc.)									
STE	Other States where the Applicant engages in the Business of Renting Vehicles									

MV-460 (9/22) TURN OVER

	(Must send a Letter of Approval from the City or County Zoning Authority for each Branch Office and a photo of the location showing the building and sign)							
	DBA (Name under which this location will be operated							
	Physical Address	City		Sales Tax License # for location				
STEP #4	DBA (Name under which this location will be operated)							
	Physical Address	City		Sales Tax License # for location				
	DBA (Name under which this location will be operated)							
	Physical Address	City		Sales Tax License # for location				
	DBA (Name under which this location will be operated)							
	Physical Address	City		Sales Tax License # for location				
	DBA (Name under which this location will be operated)							
	Physical Address	City		Sales Tax License # for location				
	DBA (Name under which this location will be operated)							
	Physical Address	City		Sales Tax License # for location				
	DBA (Name under which this location will be operated)							
	Physical Address	City		Sales Tax License # for location				
	DBA (Name under which this location will be operated)							
	Physical Address	City		Sales Tax License # for location				
STEP #5	I hereby swear or affirm under penalty of perjury that all information on this application is true and correct. I realize that my place of business is subject to inspection and any false statements regarding the above requirements could subject my license or application to denial or revocation. I, as owner, partner, officer, or branch manager have the authority to sign this application.							
	Printed Name	Title		Phone Number				
	Signature		Date					
	APPLICANT SHALL MAIL THIS APPLICATION AND FEE TO:							
STEP #6	WYDOT, ATTN: Motor Vehicle Services, 5300 Bishop Blvd., Cheyenne, Wyoming 82009-3340 <b>FOR ADDITIONAL INFORMATION:</b> Phone: 307-777-4709 or email <a href="mvsplates@wyo.gov">mvsplates@wyo.gov</a>							