

**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	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 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, Limited Liability Co, 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	Were you ever affiliated with a company that has been revoked?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		