



APPLICATION FOR WYOMING BASED APPORTIONED LICENSE PLATES INTERNATIONAL REGISTRATION PLAN (IRP)



WYDOT – IRP
5300 BISHOP BLVD
CHEYENNE WY 82009
307-777-4829 MVS@wyo.gov

Applicant Information	Name of Business Entity (Sole proprietorship – write your name here)		Trade name or Doing Business As name			
	Physical Address		City	County	State WY	Zip
	Mailing Address		City	County	State	Zip
	<input type="checkbox"/> Check if this address is your home		<input type="checkbox"/> Other – Please Explain			
	<input type="checkbox"/> Check if this address is a business office. List office hours:					
	Contact Name		Email		Phone	
FEIN		US DOT Number		If you lease to another company, that company's US DOT Number:		
Organizational Structure	Organizational Structure: <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Co <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership					
	If a corporation or LLC, formed in which state and on what date:					
	If the applicant is a partnership, LLC or corporation, list names of all partners or principal officers:					
	Name	Title	Address			
Operational Information	Are your vehicles currently registered? <input type="checkbox"/> NO <input type="checkbox"/> YES, where?					
	Have you ever been previously registered with apportioned plates or IFTA? <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	Were you ever affiliated with a company that has been revoked?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"/> NO <input type="checkbox"/> YES: Company name:					
	Do you plan to apply for IFTA? <input type="checkbox"/> YES, list state: <input type="checkbox"/> NO, why not? (Note that IFTA is a separate application)					
	Carrier Type: <input type="checkbox"/> Exempt <input type="checkbox"/> Common/Contract Carrier <input type="checkbox"/> Household goods <input type="checkbox"/> Rental or leasing company <input type="checkbox"/> Private Carrier <input type="checkbox"/> Owner/operator under lease <input type="checkbox"/> Hazardous materials					
	Describe the nature of the business requiring the use of a motor vehicle and list the commodities you transport:					
Agent	Service Provider Company (Include Power of Attorney form)			WY Account #		
	Mailing Address		City	State	Zip	
	Contact Name		Email		Phone	
I hereby certify that the information and statements made above are correct and acknowledge that false information could lead to the revocation of my IRP account.						
Signature	Signature of Applicant (computer generated signatures not acceptable)				Date	
	Authorized Agent Signature (computer generated signatures not acceptable)				Date	