



Wyoming Department of Transportation
 Motor Vehicle Services
 Limiter Power of Attorney (POA) Form

WYDOT Motor Vehicle Services
 5300 Bishop Blvd
 Cheyenne WY 82009
MVS@wyo.gov
 307-777-4829 (IRP)
 307-777-4827 (IFTA)

Wyoming based carriers with an International Registration (IRP) and/or an International Fuel Tax Agreement (IFTA) account(s) may authorize agents to perform transactions on their behalf by Power of Attorney (POA), using this form. This form must be signed by the IRP registrant/IFTA licensee before a notary public. By signing this POA, the IRP registrant/IFTA licensee revokes any and all previously executed POAs on file with Motor Vehicle Services.

Motor Carrier / Registrant / Licensee Information	
Company Name:	FEIN:
Printed Name:	USDOT:
Title: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Member of LLC	Wy Account #:
Address:	
Email:	Phone:

Authorized Agent (Representative)	
Company Name:	Phone:
Printed Name:	
Address:	
Email:	
<input type="checkbox"/> This is a motor carrier service provider company	<input type="checkbox"/> This is an individual and the sole authorized agent who may represent me

Acts Authorized by the Motor Carrier / Registrant / Licensee	
I authorize the representative listed above to communicate with the Wyoming Motor Vehicles Services (MVS) section with respect to both my International Registration (IRP) and my International Fuel Tax Agreement (IFTA) accounts listed above. This authority specifically includes: the power to fill out and submit IRP/IFTA applications and renewal forms; to add, delete or update vehicle information; to receive IRP and IFTA credentials; to file and authorize payments for IRP registration fees and IFTA tax returns; and to provide supporting documentation as requested by MVS. This limited Power of Attorney form does not relieve the motor carrier from the responsibility of filing timely, accurate reports and applications.	
Signature:	Date:
Printed Name:	Title:

To be completed by a notary:	
The above registrant has been sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by:	
Seal & Signature	<input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification produced: