

APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

 CHECK HERE IF THIS IS A NEW ACCOUNT

 CHECK HERE IF YOU NEED A TEMPORARY PERMIT

FOR WYDOT USE ONLY:

SUPPLEMENT # _____

WEIGHT GROUP _____

SECTION 1	(1) Applicant Name JOE CARRIER		(2) Business Street Address 1234 TRUCKING AVENUE			(3) City CHEYENNE		(4) State WY	(5) Zip Code 82009		(6) Applicant Phone No. 307-777-4829		(7) Date 1/1/2015
	(8) <input type="checkbox"/> Check here for Name or Address Change You must provide 3 proofs of the new physical address.		(9) Account No. 14725		(10) Fleet No. 1	(11) Business Mailing Address (if different)			(12) City		(13) State		(14) Zip Code
	(15) County LARAMIE		(16) MC # 123456	(17) Registration Yr. 2015	(18) TIN Taxpayer Identification Number 123451234		(19) US DOT Number of Applicant 654321		(20) Contact Person JOE CARRIER		(21) Phone Number 307-777-4829		(22) Fax Number 307-777-4772

VEHICLE INFORMATION:

See ALPHA CODES below. List only one vehicle per line. Do not duplicate equipment numbers. Continue listing on an additional form if necessary.

ALPHA CODES Questions 1, 7, & 10			1) TRANSACTION TYPE:				7) VEHICLE TYPE:							10) FUEL TYPE:					
			A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate N = DOT # Change T = Title Update R = Replacement Stickers U = Unit # Change W = Weight Increase				TRUCKS: TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) BS = Bus TRAILERS: ST = Any trailer							D = Diesel G = Gas P = Propane O = Other					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(13a)	(14)	(15)	(16)	(17)	(18)	(19)
T T R Y A P N E S	Unit Travels 9,999 mi or less	Owners Unit Number	Y E A R	Make of Vehicle	Vehicle Identification Number	V E H I C L E	A S E T S	Unladen Weight (empty)	F U E L	Declared Gross or Combined Weight	Purchase Price of Vehicle	Date of Purchase or Lease Mo/Yr	✓ If lease	Factory Price of Vehicle	US DOT No. Responsible for Safety	✓ See Inst. Section Two	✓ See Inst. Section Two	Wyoming Title Number (Mandatory)	WY Apportioned Plate Number
U	OLD	123	2012	PETERBILT	1XPDP1234P1232456	TR													A12345
	NEW	321																	
List each vehicle with a new unit number.																			

(20) If deleting a unit, list the reason for deletion:

SECTION 3	WEIGHT INFORMATION:	AB	CA	FL	IN	MB	MO	ND	NM	OK	QC	TN	WA
	If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight by the corresponding states.	AL	CO	GA	KS	MD	MS	NE	NS	ON	RI	TX	WI
		AR	CT	IA	KY	ME	MT	NH	NV	OR	SC	UT	WV
		AZ	DC	ID	LA	MI	NB	NJ	NY	PA	SD	VA	WY
		BC	DE	IL	MA	MN	NC	NL	OH	PE	SK	VT	

TYPE OF OPERATION <input type="checkbox"/> EXEMPT COMMODITIES ONLY (Grain, Produce, Etc.) <input type="checkbox"/> PRIVATE CARRIER <input type="checkbox"/> HOUSEHOLD GOODS CARRIER <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	<ul style="list-style-type: none"> • I declare I am authorized to represent that the applicant <ul style="list-style-type: none"> ○ has knowledge of federal and state motor carrier safety and hazardous materials laws and regulations; ○ accepts full responsibility for all fees and taxes related to vehicle operations; • I have paid all applicable federal highway use taxes related to vehicles being registered through this application. • I declare that all information on this application and any attachment is true, correct and complete to the best of my knowledge. • I hereby certify that the listed vehicles are covered by a motor vehicle liability policy in full force and effect in amounts provided by W.S. 31-9-405 or a bond on file with the department in amounts provided by W.S. 31-9-102. 									
<div style="border: 1px solid black; padding: 5px; display: inline-block; color: red; font-weight: bold;">UNIT # CHANGE</div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">ABC INSURANCE</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">#12345</td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Insurance Provider</td> <td style="text-align: center;">Policy Number</td> <td style="text-align: center;">Signature</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">Date</td> </tr> </table>	ABC INSURANCE	#12345		Insurance Provider	Policy Number	Signature			Date
ABC INSURANCE	#12345									
Insurance Provider	Policy Number	Signature								
		Date								

- ❖ Owners of the vehicles registered at 55,000 lbs. or over must furnish evidence of having paid IRS Federal Highway Use Tax (Schedule 1-2290 form received by the IRS).
- ❖ **The Schedule A/C Apportioned Registration Application form will be returned to applicant if any applicable information is not filled out or application is not legible.** Applicant **WILL NOT** receive their credentials if the application form and payment are not accompanied by a Federal Schedule 1-2290 form received by the IRS when applicable, Wyoming title and proof of insurance.
- ❖ **THE DOT NUMBER ON A VEHICLE'S CAB CARD MUST MATCH THE DOT NUMBER OF THE CARRIER RESPONSIBLE FOR SAFETY. IF THESE NUMBERS DO NOT MATCH, CONTACT MOTOR VEHICLE SERVICES IMMEDIATELY.**

SCHEDULE A/C INSTRUCTIONS

Check the box if this is a new account.

Check the box if you need a temporary permit.

Section One

1) The Name of the Applicant

The full name of the operation carrier or name under which the individual does business.

2-3-4-5) Business Street Address, City, State, Zip

Where the Applicant has an established place of business /or/ residence. Where the business /or/ residence is physically located.

6) Applicant Phone Number

7) Date

The month, day and year the application is being filed.

8) Name or Address Change?

Indicate if this is a name or address change. Provide 3 proofs of new physical address.

9) Account Number

Assigned by the Wyoming Department of Transportation. If one has not been assigned, leave blank.

10) Fleet Number

If more than one fleet is submitted under the same company name, use separate forms and designate as 1, 2, etc. Example: Fleet 1, Unit 1 Operates WY, CO, NE; Fleet 2, Unit 2 operates WY, ID, UT.

11-12-13-14) Business Mailing Address, City, State, Zip

Where the registration credentials should be mailed and/or where the applicant desires correspondence to be mailed or directed.

15) County of Business Address

County of Physical address - NOT Mailing address

16) MC

Enter current MC (motor carrier) number.

17) Registration Year

18) Taxpayer Identification Number (TIN)

Write Federal ID number. Social Security Numbers are not accepted.

19) DOT Number

Enter US DOT Number. This must match either the applicant name or the name on the lease agreement.

20) Contact Person

The Person responsible for your paperwork or who is familiar with the requirements of the application.

21) Telephone Number

Telephone number including the area code of the person to contact regarding this application.

22) Fax Number

Fax number including area code.

Section Two

1) Transaction Type

Select from codes listed in Section 2:

A, D, C, L, N, T, R, U, W

2) Registering for Colorado

If registering for Colorado and unit travels 9,999 or fewer miles per year, nationally, check this column.

3) Unit Number

Enter the unit number assigned by the Applicant. Do not duplicate any unit number.

4) Year of Vehicle

The model year of the vehicle.

Section Two (cont.)

5) Make of Vehicle

The make of the vehicle using a four letter abbreviation (Example: Peterbilt = "PTRB").

6) Vehicle Identification Number

The vehicle identification number (VIN) shown on your vehicle's certificate of title. The complete VIN must be recorded.

7) Vehicle Type

Select from codes listed in Section 2: TK, TR, BS, ST

8) Axles or Seats

The number of axles, including axles in tandem group or the rated seating capacity if the vehicle is a bus.

9) Unladen Weight

The actual weight of the vehicle including the cab, body and all accessories with which the vehicle is equipped for normal use on the highway excluding any load weight.

10) Fuel

The type of fuel being used by the power unit. Select from codes listed Section 2: D, G, P, O

11) Declared Gross or Combined Weight

The individual vehicle gross weight. (Equal to the empty weight of the truck-tractor and trailer plus the heaviest load to be transported.)

12) Purchase Price of Vehicle

The actual purchase price of the vehicle when new or the actual purchase price of the vehicle paid by the current owner.

13) Date of Purchase and/or Lease

Month/Year in which vehicle was purchased or leased.

13a) Check If the vehicle is being leased.

14) Factory Price of Vehicle

See Wyoming title, for factory price.

(15) US DOT No. Responsible for Safety

Enter US DOT No. of person responsible for vehicle safety.

16) Check

If motor carrier US DOT Number has changed since your last application.

17) Check

If the motor carrier responsible for the safety of this vehicle is expected to change during this registration year.

18) WY Title Number

The current WY Title Number. (May be obtained from your title or from your local County. Vehicle will not be registered without this information.)

19) Current License Plate Number

Indicate the Apportioned license plate number which is currently assigned to the vehicle. Leave blank if this is a new vehicle.

20) Reason for Deletion

If deleting a unit, please indicate the reason for deletion.

Section Three

If you will operate at a weight, different from what is listed in column 11, in other states, indicate the different weight next to the corresponding states. **EXAMPLE:** If Column 11 is 80,000 and you will operate in Oklahoma at 90,000, indicate the higher weight next to OK.

Check the box describing **Type of Operation**, provide **Insurance Information** and **Sign/Date** the Application

Mail, email or fax completed application to:

WYDOT

IRP Section

5300 Bishop Blvd.

Cheyenne, WY 82009

307.777.4829 or 307.777.4835

Fax 307.777.4772

mvs@wyo.gov

If emailing, please include **IRP** in the subject line.