



APPLICATION FOR BREAST CANCER AWARENESS DECAL



STEP #1	APPLICANT INFORMATION			
	Applicant(s) Name- <i>(exactly as it appears on title)</i>			Daytime Phone Number
	Mailing Address	City	State	ZIP
	Vehicle Make	Body Style (ex: Truck, Passenger, Trailer, Motorcycle)		
	Wyoming License Plate Number		E-mail Address	
	AFFIDAVIT			
<p>I HEREBY SWEAR OR AFFIRM that I am the owner of the vehicle and Wyoming license plate described. I declare that the information contained in this application is complete and accurate.</p>				
Signature of Applicant			Date	
STEP #2	APPLICANT SHALL MAIL THIS APPLICATION AND \$5.00 FEE TO:			
	WYDOT, ATTN: Motor Vehicle Services, 5300 Bishop Blvd., Cheyenne, Wyoming 82009-3340 FOR ADDITIONAL INFORMATION PLEASE CALL: 307-777-4709 or email mvsplates@wyo.gov			
FOR WYDOT USE ONLY				
Issued By			Date	