APPLICATION FOR WYOMING OPERATING AUTHORITY AS A COMMERCIAL MOTOR CARRIER

FOR WYOMING DEPARTMENT OF TRANSPORTATION USE ONLY							
\$50.00 filing fee for NEW APPLICATION							



	\$50.00 filing fee for NEW APPLICA	TION							
	\$50.00 filing fee for NAME CHANG	ЭE							
	APPLICANT INFORMATION								
	Personal name or Corp or LLC Name								
STEP #1	Trade Name or d/b/a								
	Mailing Address			City			State	ZIP	
STE	Physical Address			City			State	ZIP	
	Phone Number	r Cell Numbe			Fax		Number		
	Federal ID Number	U.S. E	OOT Number		Email A	ddress			
	CARRIER INFORMATION (If you	are ap	plying for bot	h Private and	d Contra	ct, che	ck both bo	oxes.)	
	A Private Carrier is any person engag	•						•	ing
	26,000 pounds who, without comper								
	which the person is the owner, lessee or bailee, used in the furtherance of any commercial enterprise.								
	A Contract Carrier is any person engaged in the intrastate transportation of people or property by motor vehicle on								
	state highways for compensation.	٦		, \Box .					
.2	Private Carrier and/or Contract Carrier The applicant will transport: (Check all that apply.)								
	☐ Property ☐ Passengers ☐ House Trailer/Mobile Home								
STEP #2	Towing/Recovery Vehicle								
STI	The applicant will be the sole owner and in control of the transportation operations herein proposed; the applicant is:								
	An Individual A Partnership A Limited Liability Company 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, Association, or Corporation, list names of all partners or principle officers.								
	Name			<u> Fitle</u>		Address			
		_							
		_							
	Complete if seeking PRIVATE CARRIER AUTHORITY for UNITS IN EXCESS OF 26,000 LBS. GROSS VEHICLE WEIGHT								
	(Hauling your own property or employees)								
#3	Describe the nature or character of the business or commercial enterprise requiring the use of a motor vehicle and								
STEP #3	specifically list the commodities you intend to transport. (ie: company employees, company owned equipment, etc.)								
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	Complete if seeking a CONTRACT CARRIER AUTHORITY (INTRA state contract has	auling).						
	Describe the nature or character of the business or commercial enterprise requ	iiring the use of a motor vehicle and						
	specifically list the commodities you intend to transport for compensation. (ie	: passengers, rocks, equipment, etc.) If						
	you are transporting people, list the number of passengers you can transport, i							
		=						
	buses (fishing, hunting, or tour guides). NOTE : More than 9 passengers, includi	ng the driver, must have a USDO1 #.						
STEP #4	INSURANCE REQUIREMENTS FOR CONTRACT CARRIER AUTHORITY:							
Ë	All Contract Carriers require liability insurance filings (Form E) prior to the a	uthority being approved. The required						
0,	amount of coverage of \$750,000 combined single limit (CSL). That amount must be typed in the upper left corner of the							
	Form E filing.							
	Most Contract Carriers require cargo insurance filing (Form H) prior to the auth							
	is not required if the cargo that is transported has no appreciable salvage value. [ie raw agricultural products (except							
	livestock), sand, (not in pneumatic trailers), rock, dirt, gravel. etc.] The requir	red amount of coverage is \$10,000. The						
	amount (or greater, if more insurance is carried) must be typed in the upper left corner of the Form H filing.							
		_						
	All Contract Carriers transporting mobile homes require cargo insurance filings (Form MC-61E) prior to the authority							
	being approved. The minimum required amount of coverage is \$5,000.							
	Insurance underwriter fillings can be scanned, then attach to an email $\&$ send	to: mvs@wyo.gov						
	Please refer to W.S. 31-18-201 (a)(b)(c) to determine Wyoming State Registra	ation requirements for your vehicle(s).						
_	Refer to http://legisweb.state.wy.us/statutes/statutes.aspx?file=ti							
STEP #5	Neter to http://legisweb.state.wy.us/statutes/statutes.aspx:me-ti	ties/ Hites1/151cH16.Htm.						
<u>م</u>								
Ë	If you would like a copy of the Rules and Regulations Governing Motor Car							
0,	http://www.dot.state.wy.us/wydot/site/wydot/Motor_Carrier. Click on Chapter 1, Motor Carriers.							
	AFFIDAVIT	_						
	I, the applicant, understand that filling of this application does not, in itself, co	· · · · · · · · · · · · · · · · · · ·						
	notify the Department of Transportation immediately of any changes of address, legal ownership, commodities							
	transported operation or territory in the event this application is granted in whole or in part. I also understand the							
	difference between being a Private Carrier and a Contract Carrier.							
9#	•							
STEP #6	I hereby certify that the information facts and statements made above ar	e correct and acknowledge that false						
STI	information could lead to revocation of any authority granted.	- constant and an analysis and an						
•	Signature of Applicant	Date						
	org. instance or / ipprocess							
	Authorized Asset of Applicant (Blacco attack BOA)	Data						
	Authorized Agent of Applicant (Please attach POA.)	Date						
	We accept Credit Cards, but account numbers & expirations MUST be ca	lled into our office 307-777-4850.						
	For all Credit Card purchases, there will be a Vital Check handling fee of \$2.50.							
	-	_						
	If mailing application and sending check, make check payable to WYDOT in the amount of \$50.00.							
	BOTH pages 1 & 2 must be returned before Authority can be issued.							
<u></u>	Sign and date page 2 of this application.							
STEP #7	A fee of \$50.00 is required for a name change. No fee for address update only.							
STE	MAIL APPLICATION TO THE ADDRESS BELOW OR EMAIL APPLICATION TO mvs@wyo.gov							
	Wyoming Department of Transportation, Regu	\(\frac{1}{2} \)						
	5300 Bishop Blvd.							
	Cheyenne, WY 82009-3340							
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	Phone: 307-777-4850							

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