

# WYOMING 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 \_\_\_\_\_

<b>SECTION 1</b>	(1) Applicant Name	(2) Business Street Address	(3) City	(4) State	(5) Zip Code	(6) Applicant Phone No.			
	(7) <input type="checkbox"/> Check here for Name or Address Change You must provide 3 proofs of the new physical address.	(8) Account No.	(9) Fleet No.	(10) Business Mailing Address (if different)			(11) City	(12) State	(13) Zip Code
	(14) TIN Taxpayer Identification Number	(15) US DOT Number of Applicant		(16) Contact Person		(17) Phone Number	(18) Email Address		

**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.

<b>ALPHA CODES Questions 1, 7, &amp; 10</b>	<b>1) TRANSACTION TYPE:</b> A = Adding a Vehicle      N = DOT # Change D = Deleting a Vehicle      T = Title Update C = Lost Cab Card      R = Replacement Stickers L = Lost Plate      U = Unit # Change W = Weight Increase	<b>7) VEHICLE TYPE:</b> TK = Straight Truck (pickup, box truck, van, etc)      BS = Bus TR = Tractor (semi)      CR = Crane ST = Any trailer      WK = Wrecker/Tow Truck	<b>10) FUEL TYPE:</b> D = Diesel      E = Electric G = Gas      H = Hybrid P = Propane      O = Other
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<b>SECTION 2</b>	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(13a)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	T R A N S A C T I O N	Unit Travels 9,999 mi or less	Owners Unit Number	Year	Make of Vehicle (four letters)	Vehicle Identification Number	Vehicle Type	Number of axles or bus seats	Unladen Weight (empty)	F U L	Declared Gross or Combined Weight in all states except as listed below in Section 3	Purchase Price of Vehicle	Date of Purchase or Lease Mo/Yr	√ if lease	C O L O R	Factory Price of Vehicle	US DOT No. Responsible for Safety	√ See Inst. Section Two	√ See Inst. Section Two	Title Number	Plate Number

(21) If deleting a unit, list the reason for deletion. (IE sold, junked, traded-in, etc. Provide proof of sale for possible credit on subsequent purchase)

(22) Notes:

<b>SECTION 3</b>	<b>WEIGHT INFORMATION:</b>	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 state(s).	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	

- I declare I am authorized to represent that the applicant
  - 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;
  - has paid all applicable federal highway use taxes related to vehicles being registered through this application.
- I further 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.

Title (Owner, LLC member, officer, etc.)	Printed Name	Signature	Date
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# APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

VERY IMPORTANT VERY IMPORTANT VERY IMPORTANT VERY IMPORTANT

- ❖ 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. If no Wyoming title, provide a copy of the out of state title and current registration, or if new purchase, a copy of bill of sale with title to follow once issued.
- ❖ **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.

**2-5) 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. *Note that registered agent, mail boxes or virtual offices may not be used as your street address.*

**6) Applicant Phone Number**

**7) Name or Address Change?** - Indicate if this is a name or address change. Provide 3 proofs of new physical address.

**8) Account Number** - Assigned by the Wyoming Department of Transportation. If one has not been assigned, leave blank.

**9) 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.

**10-13) 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.

**14) Taxpayer Identification Number (TIN)** - Write Federal ID number. Social Security Numbers are not accepted.

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

**16) Contact Person** - The Person responsible for your paperwork or who is familiar with the requirements of the application.

**17) Telephone Number** - Telephone number including the area code of the person to contact regarding this application.

**18) Email Address** - Email address of contact person

### Section Two

**1) Transaction Type** - Select from codes listed in Section 2: A, D, C, L, N, T, R, U, W

**2) Low Mileage Vehicle** - Unit travels less than 10,000 miles per year, 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, ST, BS, CR, WK

**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, E, H, 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 in all states except as listed in Section 3

**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.** Must provide copy of the lease.

**14) Color** Two character color code

**15) Factory Price of Vehicle** MSRP when new. (Listed on WY title.)

**(16) US DOT No. Responsible for Safety** Enter US DOT No. of person responsible for vehicle safety.

**17) Check**  If motor carrier US DOT Number has changed since your last application.

### Section Two (cont.)

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

**19) Title Number** The current Title Number. (May be obtained from your title or from your local County.)

**20) 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.

**21) Reason for Deletion** If deleting a unit, please indicate the reason for deletion. Provide proof of sale for possible credit on subsequent purchase.

**22) Notes** Include additional information if needed

### Section Three

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

Sign and Date Application

Mail completed initial application to:

**WYDOT - IRP Section  
5300 Bishop Blvd.  
Cheyenne, WY 82009**

**Questions? Call IRP at 307-777-4829**

Changes to existing accounts may be emailed to [mvs@wyo.gov](mailto:mvs@wyo.gov) Please put Attention IRP in subject line