

WYOMING APPORTIONED REGISTRATION APPLICATION SCHEDULE A/C

☐ CHECK HERE IF THIS IS A NEW ACCOUNT      ☐ CHECK HERE IF YOU NEED A TEMPORARY      FOR WYDOT USE ONLY:      SUPPLEMENT #      WEIGHT GROUP

SECTION 1	(1) Applicant Name			(2) Business Street Address			(3) City			(4) State			(5) Zip Code			(6) Applicant Phone Number (      )			(7) Date				
	(8) <input type="checkbox"/> Check here for Name or Address Change You must provide proof of new physical address.			(9) Account No.			(10) Fleet No.			(11) Business Mailing Address (if different)			(12) City			(13) State			(14) Zip Code				
	(15) County			(16) MC #			(17)Registration Yr.			(18) TIN Taxpayer Identification Number			(19) US DOT Number of Applicant			(20) Contact Person			(21) Phone No. (      )			(22) Fax Number (      )	

VEHICLE INFORMATION:  
See ALPHA CODES to Left. List only one vehicle per line. Do not duplicate equipment numbers. Continue listing on an additional form if necessary.

SECTION 2	*** ALPHA CODES ***		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)						
	<b>1) TRANSACTION TYPE</b> A = Adding a Vehicle D = Deleting a Vehicle C = Lost Cab Card L = Lost Plate N = DOT # Change S = Adding a State T = Title Update R = Replacement Stickers U = Unit # Change W = Weight Increase  <b>2) Check if Unit travels less than 10,000 miles.</b>		<b>7) VEHICLE TYPE</b> <b>Trucks:</b> TK = Straight Truck (pickup, box truck, van, etc) TR = Tractor (semi) <b>BS = Bus</b> <b>Trailers:</b> ST = Any trailer  <b>10) FUEL</b> G = Gasoline D = Diesel P = Propane		T R A N S	T Y P E	✓ See Inst. Section Two	Owners Unit Number	Y E A R	Make of Vehicle	Vehicle Identification Number			* T Y P E	A X L E S	S U N L a d e n W e i g h t ( e m p t y )	* F U L	Declared Gross or Combined Weight	Purchase Price of Vehicle	Date of Purchase or Lease Mo/Yr	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	
				<input type="checkbox"/>																			<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>																				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>																				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>																				<input type="checkbox"/>	<input type="checkbox"/>		
SECTION 3	<b>WEIGHT INFORMATION:</b> If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight in the corresponding states.  <b>BE SURE TO COMPLETE SCHEDULE B BELOW IF REQUIRED (SEE INSTRUCTIONS).</b>		AB		CA		FL		IN		ME		MO		ND		NM		OK		QC		TN		WA		
			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		NE		NJ		NY		PA		SD		VA		WY		
			BC		DE		IL		MA		MN		NC		NL		OH		PE		SK		VT				

WYOMING APPORTIONED REGISTRATION APPLICATION SCHEDULE B

STATE	A or E	MILEAGE	STATE	A or E	MILEAGE	STATE	A or E	MILEAGE	STATE	A or E	MILEAGE	STATE	A or E	MILEAGE	STATE	A or E	MILEAGE	STATE	A or E	MILEAGE
ALBERTA			DELAWARE			LOUISIANA			MONTANA			NOVA SCOTIA			QUEBEC			UTAH		
ALABAMA			FLORIDA			MASSACHUSETTS			NEW BRUNSWICK			NEVADA			RHODE ISLAND			VIRGINIA		
ARKANSAS			GEORGIA			MANITOBA			NORTH CAROLINA			NEW YORK			SOUTH CAROLINA			VERMONT		
ARIZONA			IOWA			MARYLAND			NORTH DAKOTA			OHIO			SOUTH DAKOTA			WASHINGTON		
BRITISH COLUMBIA			IDAHO			MAINE			NEBRASKA			OKLAHOMA			SASKATCHEWAN			WISCONSIN		
CALIFORNIA			ILLINOIS			MICHIGAN			NEW HAMPSHIRE			ONTARIO			TENNESSEE			WEST VIRGINIA		
COLORADO			INDIANA			MINNESOTA			NEW JERSEY			OREGON			TEXAS			WYOMING		
CONNECTICUT			KANSAS			MISSOURI			NEWFOUND/LAB			PENNSYLVANIA			TOTAL MILES					
DIST. OF COLUMBIA			KENTUCKY			MISSISSIPPI			NEW MEXICO			PRINCE EDWARD ISL.								

<b>TYPE OF OPERATION</b> <input type="checkbox"/> EXEMPT COMMODITES ONLY (Produce, Grain, Livestock, 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 The undersigned declares knowledge of the applicable provisions of any state Motor Carrier or Hazardous Material regulations.			I declare I am authorized to represent that the applicant 1) has knowledge of federal and state motor carrier safety and hazardous materials laws and regulations; 2) accepts full responsibility for all fees and taxes related to vehicle operations; 3) 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 attachments 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.																							
			Insurance Provider						Policy Number						Signature						Date					

APPORTIONED REGISTRATION APPLICATION
SCHEDULES A/C & B

The Apportioned Registration Application includes both Schedule A/C and Schedule B. Both Schedules must be filled out completely.

VERY IMPORTANT
 VERY IMPORTANT
 VERY IMPORTANT
 VERY IMPORTANT

- ❖ The mileage information on schedule B determines the registration fees that will be billed. You must enter actual miles for the 12 months ending 6 months prior to the beginning of the registration year (Example: For the registration year 2014, you must report actual miles from July 1, 2012 through June 30, 2013).
- ❖ 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 receipted by the IRS).
- ❖ **The Schedule A/C & B 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 receipted 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

Section One

1) The Name of the Applicant

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

2) Business Street Address

Where the Applicant has an established place of business maintains operational records of the fleet and accrues mileage.

3-4-5) City, State and Zip Code

Where the business address is located

6) Applicant Phone Number

7) Date

The month, day and year on which the application is filed.

8) Name or Address Change?

Indicate if this is a name or address change. Provide proof 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) Business Mailing Address

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

12-13-14) City, State, and Zip Code

Where the mailing address is located.

15) County of Business Address

16) MC #

Enter current MC (motor carrier) number.

17) Registration Year

The last two digits of the registration year. (Example: 2013 = 13)

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 applicant name or name on 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 Section 2, Alpha Codes.

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.

Section Two (cont.)

4) Year of Vehicle

The last two digits of the model year of the vehicle.

5) Make of Vehicle

The make of the vehicle using the four letter abbreviation (Example: Peterbuilt = “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) Type

The type of vehicle. (Select from Section 2, Alpha Codes.)

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) Unladed 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 Section 2, Alpha Codes.)

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.

SCHEDULE B INSTRUCTIONS

**Schedule B is to be used on Original and Renewal Applications. This schedule is also to be used whenever you add a new state with a supplement application.** Schedule B is a mileage schedule to be used in computing mileage percentages for the member International Registration Plan Jurisdictions.

Actual miles reported on Schedule B should be from the 12 month period ending six months prior to the beginning of the registration year.

**Example Only:** If you are applying for a 2014 Apportioned Registration, actual miles reported would have been for the period July 1, 2012 through June 20, 2013.

List actual miles accumulated by the fleet and enter the letter “A” in the column to the left of each applicable jurisdiction.

13) Date of Purchase and/or Lease

Month & Year in which vehicle was purchased or 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.

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 new vehicle.

20) Reason for Deletion

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

Section Three

If you will operate at a different weight, (other than what is in column 11) in other states, indicate the different weight in 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.

If you expect to operate in a jurisdiction this year that you did not operate in the last year or if this is a new account, complete Schedule A/C. Enter E for estimated mileage for this coming registration period on Schedule B. WYDOT will provide estimated miles.

Enter the total of all actual miles (A).

Sign and date application.

**If “0” is entered in the mileage column, that jurisdiction will be deleted.**

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](mailto:mvs@wyo.gov)

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