

NEW ACCOUNT CHECK LIST

DOT Information (Safer – www.safersys.org)

Secretary of State (If Applicable)

Agreement to Prepare and Maintain Record Form
(Must be signed and returned before credentials will be issued)

Signed – Section 15 – Safety Regulations

Certification of Wyoming Established Place of Business or Residency

Proof Of Residency

Choose Three of The Following:

Copy of Wyoming Driver License

Copy of a Wyoming Registration for a personal vehicle

Copy of a utility bill with the address of the location, in the applicant's name

Copy of Property Tax or a Lease Agreement for the physical address listed on the application

Proof of Established Place of Business

Choose Three OF The Following:

Proof of ownership of the physical structure owned or leased by the applicant

Proof of residency from at least one of the registered members of the corporation

Picture of the business location with a sign showing the business name

Utility bill in the business name at the Wyoming business location

Any other information WYDOT considers pertinent to verify there is an established place of business in Wyoming

**APPLICATION FOR WYOMING
INTERNATIONAL FUEL TAX AGREEMENT (IFTA)**

**WYDOT - IFTA
5300 Bishop Blvd
Cheyenne, WY 82009**

STEP #1	APPLICANT INFORMATION					
	Name of Business Entity (Sole proprietor- write your name here)			Trade Name or d/b/a		
	Physical Address		City	County	State WY	ZIP
	<input type="checkbox"/> Check if this address is your home. <input type="checkbox"/> Check if this address is a business office. List office hours _____ <input type="checkbox"/> Other - Please explain _____					
	Customer Contact Name and Phone Number		Customer Fax Number	Customer E-Mail		
	Mailing Address		City	State	ZIP	
	<input type="checkbox"/> Check here if this mailing address is for a reporting service or agent. (Please attach POA.)					
	Agent Contact Name and Phone Number		Agent Fax Number	Agent E-Mail		
	Federal ID Number	U.S. DOT Number	If you lease to another company, that company's U.S. DOT Number			
	STEP #2	ORGANIZATIONAL STRUCTURE				
<input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> A Limited Liability Company <input type="checkbox"/> 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, Limited Liability Co, or Corporation, list names of all partners or principle officers.						
		Name	Title	Address		
STEP #3	OPERATIONAL INFORMATION					
	Have you ever had an IFTA account in any other jurisdiction? <input type="checkbox"/> Yes, Provide jurisdiction _____ <input type="checkbox"/> No					
	Were you ever affiliated with a company that has been revoked? <input type="checkbox"/> Yes, Name Company _____ <input type="checkbox"/> No					
	Do you plan to apply for an IRP account? <input type="checkbox"/> Yes, list state _____ <input type="checkbox"/> No, Why not _____					
	In which jurisdiction are your vehicles currently plated? _____					
	<input type="checkbox"/> Provide a list of all IFTA vehicles that are NOT Wyoming Apportioned plated. Include VIN, Unit #, and Plate #					
	Do you maintain bulk fuel storage? <input type="checkbox"/> Yes, Provide jurisdiction(s) _____ <input type="checkbox"/> No					
	Fuel Type: Mark all that apply <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Other _____					
	Describe the nature of the business requiring the use of a motor vehicle and list the commodities you transport.					
	IFTA License Fee \$10.00 IFTA Decal Fees \$3.00 per set. Number of sets requested _____ x \$3.00 = _____ + \$10.00 = _____ Make checks payable to WYDOT TOTAL DUE *					
STEP #4	I hereby certify that the information and statements made above are correct and acknowledge that false information could lead to revocation of my IFTA account.					
	Signature of Applicant			Date		

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MVS -IRP/IFTA
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www.dot.state.wy.us

**AGREEMENT TO PREPARE AND MAINTAIN RECORDS IN ACCORDANCE WITH
 THE INTERNATIONAL REGISTRATION PLAN AND THE INTERNATIONAL FUEL TAX AGREEMENT**

DISTANCE RECORDS (IFTA and IRP): You must maintain original driver-prepared Individual Vehicle Distance Record (IVDR) on each vehicle for each trip and recap on monthly and quarterly fleet summaries. Driver prepared source documents must include the following:

- | | |
|---|---|
| 1. Date of trip (starting and ending) | 5. Total trip distance |
| 2. Trip origin and destination | 6. Distance traveled in each Jurisdiction |
| 3. Route of travel (highway numbers) | 7. Unit number or vehicle identification |
| 4. Beginning and ending odometer/hubometer readings of the trip | 8. Vehicle fleet number (for carriers with multiple fleets) |

Note: Licensees using on-board recording devices or GPS for reporting purposes should refer to the IFTA and IRP manuals for requirements. Odometer readings and physical distance record copies are still required when using on-board recording devices.

Accountable distance includes interjurisdictional and intrajurisdictional distance, loaded and empty distance, deadhead and/or bobtail distance, off-highway distance, and trip permit distance. All distance accumulated by the power units apportioned in the fleet within the preceding year (July 1 through June 30 proceeding the registration year) must be reported as actual on the IRP application.

Interjurisdictional Travel: Apportioned registration is intended for commercial vehicles traveling in two or more member jurisdictions. Vehicles traveling only in one jurisdiction are not eligible for apportionment and are subject to full registration fees.

FUEL RECORDS (IFTA Only): You must maintain original fuel source documents for each fuel type for each vehicle. This information should flow into monthly and quarterly fleet summaries. Over-the-road fuel purchases and bulk fuel purchases are to be accounted for separately:

Over-the-Road Fuel Purchases must be supported by a receipt, invoice, credit card receipt, or an automated vendor-generated invoice or transaction listing for *tax-paid* credit. An *acceptable* fuel receipt or invoice must include:

- | | |
|---------------------------------------|--|
| 1. Date of purchase | 5. Price per gallon/liter |
| 2. Name and address of seller | 6. Unit number or vehicle identification |
| 3. Number of gallons/liters purchased | 7. Licensee's name |
| 4. Type of fuel purchased | |

Bulk Storage Fuel Purchases must be supported by delivery tickets and/or receipts. You must also have a reliable meter on your bulk tank. To receive tax paid credit the following information must be maintained:

- | | |
|--|--|
| 1. Date of withdrawal | 4. Unit number or vehicle identification |
| 2. Number of gallons/liters withdrawn | 5. Purchase and inventory records showing tax paid on all bulk withdrawals |
| 3. Type of fuel | 6. Meter readings, inventory measurements, and monthly reconciliations |
| 4. Unit number or vehicle identification | |

RECORD RETENTION: All records pertaining to IFTA must be kept for four years, including unused decals. IRP distance records must be retained to support the reported distance for the **current registration year and three previous registration years**. Failure to make records available or provide adequate records for audit may result in an assessment based on estimation in the amount of 20% of the Apportionable Fees paid by the Registrant for the registration of its Fleet in the Registration Year to which the records pertain including Apportionable Fees based on Estimated Distance for the first offense. In an instance where the Registrant has a second such offense, the assessment will be 50%. In an instance where the Registrant has a third offense, the assessment will be 100%.

DECLARATION: The undersigned has read this document, and agrees to prepare and maintain records and report information in accordance with the IRP and IFTA requirements. I understand failure to maintain complete records could result in disallowing all tax-paid fuel credit and reducing MPG to 4.00 for IFTA. WY IRP percent can be increased to 20%, 50% or up to 100% and privileges may be canceled if records are unacceptable.

COMPANY NAME		ACCOUNT NUMBER	DATE
AUTHORIZED EMPLOYEE'S NAME (PRINT)	SIGNATURE	TITLE	

NOTE: This document must be signed by a corporate officer, owner, partner, or an authorized company employee, not a registration service agent.

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Certification of Wyoming Established Place of Business or Residency

This form must be completed prior to IRP/IFTA Registration or Renewal. If you answer no, an explanation must be provided.

1. Is your **only** place of business an office within your personal residence in Wyoming?
 Yes No (If Yes, please skip to question 8. You must prove that you are a Wyoming resident.)

2. Do you have an "established place of business" (outside of your personal residence) in Wyoming or any other jurisdiction? An established place of business is defined as a physical structure (not your home) open and staffed during regular business hours by one or more employees who manage the trucking related business (not contract employees). Trucking related business must constitute more than just credentialing, distance and fuel reporting and/or answering the phone. Employees must be in the permanent employment of the registrant, not contractual labor, performing trucking related duties.
 Yes; Please list the physical address of every "established place of business" in every jurisdiction. (Attach a separate page if more space is required.) _____
 No (If No, please skip to question 8. You must prove that you are a Wyoming resident.)

3. Is the physical structure of the "established place of business" located in Wyoming and owned, leased, or rented by the fleet registrant?
 Yes No If Yes, provide the proof of ownership or lease/rental agreements
If no, please explain _____

4. Is this location open during normal business hours? (Monday – Friday 8 a.m. to 5p.m.)
 Yes No If No, please explain _____

5. Can you produce an invoice from a Wyoming utility company for this location, listed in the name of the fleet registrant?
 Yes; Please provide invoice No ; Please explain _____

6. Is there a company employee(s) conducting the fleet registrant's business in the location during normal business hours?
 Yes; Please provide a copy of employee paystub No; Please explain _____

7. Are the operational records of the fleet located at this location? Yes No
If no, can the operational records be made available at the Wyoming location in the event of an audit? Yes No

If the records cannot be brought to the Wyoming location, the registrant must pay all costs of travel and per diem expenses that the auditors incur in conducting the examination, in accordance with the IRP Plan, Section 1020 and in accordance with IFTA Plan, Article III, Section 325.

8. Are you a Wyoming resident?
 Yes; Please provide 3 proofs of residency **ONLY** if your address has changed. No; Provide proofs required in questions 2-7.

Under penalties of perjury, the applicant declares that the information given is to the best of the applicant's knowledge true, accurate and complete. The applicant understands that in the event the established place of business or residency is proven to be outside the State of Wyoming, the registrant will be suspended and registration fees will not be refunded.

Please print or type :

Company Name _____ Account Number _____
Company Physical Address _____
Printed Name of Registrant _____ City _____ State _____ Zip Code _____
Registrant's Signature _____ Date _____