

**APPLICATION FOR WYOMING  
INTRASTATE  
OPERATING AUTHORITY  
AS A COMMERCIAL MOTOR CARRIER**



<b>FOR WYOMING DEPARTMENT OF TRANSPORTATION USE ONLY</b>
Docket Number

A **\$50.00** filing fee **MUST** be included for contract or private authority, or a combination of the two.

<b>STEP #1</b>	<b>APPLICANT INFORMATION</b>				
	Personal name or Corp or LLC Name				
	Trade Name or d/b/a				
	Mailing Address		City	State	ZIP
	Physical Address		City	State	ZIP
	Phone Number		Cell Number	Fax Number	
	Federal ID Number or SS Number		U.S. DOT Number	Email Address	
<b>STEP #2</b>	<b>CARRIER INFORMATION</b> (If you are applying for both Private and Contract, check both boxes.)				
	A <b>Private Carrier</b> is any person engaged in business and operating a vehicle which has a gross vehicle weight exceeding 26,000 pounds who, without compensation, transports intrastate over state highways their employees or property of which the person is the owner, lessee or bailee, used in the furtherance of any commercial enterprise.				
	A <b>Contract Carrier</b> is any person engaged in the intrastate transportation of people or property by motor vehicle on state highways for compensation.				
	<input type="checkbox"/> Private Carrier and/or <input type="checkbox"/> Contract Carrier				
	The applicant will transport: (Check all that apply.)				
	<input type="checkbox"/> Property <input type="checkbox"/> Passengers <input type="checkbox"/> House Trailer/Mobile Home <input type="checkbox"/> Towing/Recovery Vehicle <input type="checkbox"/> Wrecker Inspection (Required for Towing/Recovery Vehicles)				
	The applicant will be the sole owner and in control of the transportation operations herein proposed; the applicant is:				
	<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, Association, or Corporation, list names of all partners or principle officers.					
<b>Name</b>		<b>Title</b>		<b>Address</b>	
<b>STEP #3</b>	Complete if seeking <b>PRIVATE CARRIER AUTHORITY</b> for <u>UNITS IN EXCESS OF 26,000 LBS. GROSS VEHICLE WEIGHT</u> (Private Carriers haul their own property or employees. No additional insurance is required.)				
	Describe the nature or character of the business or commercial enterprise requiring the use of a motor vehicle and <b>specifically</b> list the commodities you intend to transport. (ie: company employees, company owned equipment, etc.)				

<b>STEP #4</b>	Complete if seeking a <b>CONTRACT CARRIER AUTHORITY (INTRA</b> state contract hauling).	
	<b>Specifically</b> 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, including the driver for taxis, shuttles, or buses (fishing, hunting, or tour guides). NOTE: More than 9 passengers, including the driver, must have a USDOT #.	
<b>STEP #5</b>	<p><b>INSURANCE REQUIREMENTS FOR CONTRACT CARRIER AUTHORITY:</b></p> <p>All Contract Carriers require liability insurance filings (<b>Form E</b>) prior to the authority being approved. The required amount of coverage of \$500,000 combined single limit (CSL). That amount must be typed in the upper left corner of the Form E filing.</p> <p>Most Contract Carriers require cargo insurance filing (<b>Form H</b>) prior to the authority being approved. Cargo insurance 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 required 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.</p> <p>All Contract Carriers transporting mobile homes require cargo insurance filings (<b>Form MC-61E</b>) prior to the authority being approved. The minimum required amount of coverage is \$5,000.</p> <p><b>Insurance underwriter fillings can be scanned, then attach to an email &amp; send to: <a href="mailto:mvs@wyo.gov">mvs@wyo.gov</a></b></p>	
	<p>Please refer to W.S. 31-18-201 (a)(b)(c) to determine Wyoming State Registration requirements for your vehicle(s). Refer to <a href="http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title31/T31CH18.htm">http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title31/T31CH18.htm</a>.</p> <p>If you would like a copy of the Rules and Regulations Governing Motor Carriers, please access the internet at <a href="http://www.dot.state.wy.us/wydot/site/wydot/Motor_Carrier">http://www.dot.state.wy.us/wydot/site/wydot/Motor Carrier</a>. Click on Chapter 1, Motor Carriers.</p> <p>If you do not have access to the Internet and need a copy of the Rules and Regulations, please call 307-777-4161.</p>	
<b>STEP #6</b>	<b>AFFIDAVIT</b>	
	I, the applicant, understand that filling of this application does not, in itself, constitute authority to operate. I agree to 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.	
	I hereby certify that the information facts and statements made above are correct and acknowledge that false information could lead to revocation of any authority granted.	
	Signature of Applicant	Date
<b>STEP #7</b>	Authorized Agent of Applicant (Please attach POA.)	Date
	<p><b>We accept Credit Cards, but account numbers &amp; expirations MUST be called into our office 307-777-4850.</b></p> <p><b>For all Credit Card purchases, there will be a Vital Check handling fee of \$2.50.</b></p> <p><b>If mailing application and sending check, make check payable to WYDOT in the amount of \$50.00.</b></p> <p><b>BOTH pages 1 &amp; 2 must be returned before Authority can be issued.</b></p> <p><b>Sign and date page 2 of this application.</b></p> <p><b>A fee of \$50.00 is required for a name change, and \$10.00 for a duplicate letter. No fee for address update only.</b></p> <p><b>MAIL APPLICATION TO THE <u>ADDRESS BELOW</u> OR EMAIL APPLICATION TO <a href="mailto:mvs@wyo.gov">mvs@wyo.gov</a></b></p> <p><b>Wyoming Department of Transportation, Regulatory Section</b></p> <p><b>5300 Bishop Blvd.</b></p> <p><b>Cheyenne, WY 82009-3340</b></p> <p><b>Phone: 307-777-4850 Fax: 307-777-4772</b></p>	