

WYOMING DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE SERVICES
5300 BISHOP BLVD.
CHEYENNE, WY 82009-3340
307-777-4710

**APPLICATION FOR ASSIGNMENT OF SPECIAL VEHICLE IDENTIFICATION NUMBER (VIN)
31-11-105**

I HEREBY CERTIFY, under penalty of perjury, that I am the owner/builder of the vehicle/trailer described herein:

***Check one:** _____ Homemade Trailer (For Make below indicate Homemade.) For Year below indicate year trailer was completed)
_____ Other Vehicles (For Make below indicate actual make of vehicle -or- Custom if made from various makes) (For Year below, indicate the year of the oldest major component)

| | | | | |
|----------------------------------|---------------|---------------------|---|--------------------------|
| _____ MAKE | _____ YEAR | _____ BODY STYLE | _____ WEIGHT (See instructions below) | _____ # OF AXLES |
| _____ NAME(S) OF APPLICANT(S) | | | | |
| _____ MAILING ADDRESS | _____ CITY | _____, WY STATE | _____ ZIP CODE | _____ DAYTIME PHONE # |
| _____ SIGNATURE | _____ DATE | | | |

ANY PERSON CONVICTED OF MAKING A FALSE STATEMENT IN AN APPLICATION IS GUILTY OF A FELONY AND IS SUBJECT TO A FINE AND IMPRISONMENT.

*A Wyoming VIN can only be issued to Wyoming residents.

***This application will not be processed without the following items (applicable):**

Fee: \$1.00 until June 30, 2010. As of July 1, 2010 the fee will be \$20.00.

Weight Slips are required for all trailers (except camper trailers). Motor vehicles, motorcycles, and mobile homes do not require a weight slip.

Proof of Ownership must accompany this application. (Copies of bills of sale for all major components used in the construction of the motor vehicle/motorcycle/trailer - **OR** - a signed and dated statement explaining **where, when and from whom** the major components were purchased).

Original Titles that contain any vehicle identification numbers being used in reconstructed vehicles or homemade trailers must accompany this application for cancellation. ****All liens must be released on the title(s), and titles must be in the name of the applicant, or assigned to the applicant****

VIN Inspection is required on all vehicles/trailers (EXCEPT: trailers made from a pickup box or trailers made from all new components.) (Proof that all materials are new must accompany this application). The VIN must be inspected by a **Wyoming** Law Enforcement Officer attesting to the absence of VIN, or listing all VIN(s) found on the motor vehicle/motorcycle/trailer. **(SEE VIN INSPECTION FORM ON BACK)**

DEPARTMENT USE ONLY:

Assigned Special VIN: _____ By: _____ Date: _____

**AFFIDAVIT OF INSPECTION AND CERTIFICATION OF
CORRECT "VIN" NUMBER(S) OR ABSENCE OF "VIN"
TO BE SUBMITTED WITH APPLICATION FOR STATE ASSIGNED VEHICLE
IDENTIFICATION NUMBER**

Name of Applicant _____ **Address** _____

The undersigned being first duly sworn on solemn oath according to law, and subject to penalties of perjury, deposes and says:

The inspection occurred in Wyoming and was made by:

_____ **City Police Department** _____ **County Sheriff's Office** _____ **Wyoming Highway Patrol**

Make _____

(List Homemade, Custom-built, etc., if there is no factory make)

Year _____

(For homemade trailers, list year trailer was built)

Vehicle Type _____

(Pickup, passenger car, trailer, etc.)

VIN _____

(If there is no VIN on the vehicle write "No VIN found")

VIN Location _____

Additional VIN (if any) _____

VIN Location _____

Additional VIN (If any) _____

(If there is more than one VIN on the vehicle, list all VIN's found on the vehicle and where they are located)

VIN Location _____

Example: New cab on pickup. List VIN on cab and VIN on frame so that titles surrendered with application can be matched with vehicles used in construction.

Additional Information _____

At the request of the applicant for special state assigned vehicle identification number, I personally inspected the vehicle identification number(s) or absence of number on the described vehicle and the information entered by me is true and correct.

Officer's Name _____ **Badge #** _____

(Please print)

Name of Law Enforcement Agency _____ **Phone #** _____

Signature of Officer _____ **Date** _____

RETURN FORM WITH APPLICATION FOR SPECIAL STATE ASSIGNED VIN NUMBER TO:

**WYOMING DEPARTMENT OF TRANSPORTATION
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