

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

APPLICATION FOR RADIO AMATEUR LICENSE PLATES

Name _____

Address _____

City _____ Zip _____ Phone # _____

Make of Vehicle _____ Year of Vehicle _____

Vehicle Identification Number _____

Type of Body _____ Title Number _____

AFFIDAVIT FOR APPLICATION

I, _____ do hereby certify that I hold a valid
(Print Name of Applicant)
_____ license issued under the rules of the Federal
(Print Class of License)
Communications Commission and that I am a resident of the State of Wyoming.

Radio Amateur Call Letters: _____

Please note: If your call letter includes a zero, it will not be a slashed zero.

Expiration Date of FCC License: _____

I further certify that I am the owner of the motor vehicle listed in this application.

Signature _____ Date _____

FEE OF \$30.00, PAYABLE TO THE WYOMING DEPARTMENT OF TRANSPORTATION AND A COPY OF YOUR FCC LICENSE MUST ACCOMPANY THIS APPLICATION. QUESTIONS MAY BE DIRECTED TO MOTOR VEHICLE SERVICES AT 307-777-4717.