



Rev2006

Transponder Application



Customer Information

Required fields noted by asterisks all carriers (**): required only for Interstate carriers(***)

Carrier Name		DBA Name	
Carrier Physical Location		City	State Zip Code
Carrier Mailing Address		City	State Zip Code
** USDOT#	Federal EIN#	***IRP State/Province and Acct.#	***IFTA State/Province and Acct.#
Contact Person	Phone #	Fax #	Email

Vehicle Information

- Washington Intrastate Carriers—Must submit a current copy of vehicle(s) registration along with an application.
- Interstate Carrier—Must submit a current copy of the vehicle(s) cab card along with an application.
- Multiple Vehicles—A spreadsheet with all of the pertinent vehicle information: plate, VIN, unit #, make, year, GVW(s), vehicle registration expiration date, fleet #, and base state will be accepted.
- If you have a transponder from another state, please note the transponder number on the vehicle registration or cab card along with the state from which you received the transponder and FAX it with this form to WSDOT (360) 705-6836.
- NORPASS State(s) and Province(s) applying for: BC CT GA ID KY MD NY OR SD PQ

NOTE: Please be aware if your vehicle is NOT base plated in Washington or Oregon, and your vehicle registration expires, your ability to bypass weigh stations in Washington will be affected unless you provide this office with a copy of the renewed cab card(s) or a spreadsheet providing the same information listed on the cab card.

Please send your application, vehicle registration or cab card, and check (in US Funds), made payable to the address below.

No. of Transponders Requested
\$30.00 x ___ = ___ Amount Due

WSDOT—Attn. Cashier
PO Box 47420
Olympia, WA 98504-7420

Terms and Conditions of the Electronic Pre-Clearance Program

- 1) Transponders are to be installed in accordance with the instructions provided.
- 2) Carrier assumes full ownership and responsibility for the transponder.
- 3) Transponders are to be installed only on designated vehicles.
- 4) Carrier will report any changes in the transponder application information to WSDOT 1-888-877-8567 or via fax to (360) 705-6836.
- 5) Carrier will report any changes in transponder assignment, vehicles added or removed to WSDOT 1-888-877-8567.
- 6) Carrier may bypass an open port or weigh station only after a green light is sent to the transponder, or when no light appears on the transponder and the message sign indicates a direction to bypass.

Motor Carrier Self Certification Statement

I agree to comply with the applicable State and Federal Motor Carrier rules and regulations as administered by the state of Washington. I certify that this company has been in operation for at least 12 months, has had no IFTA or IRP suspensions within the last 12 months and has had no driver found to be driving under the influence. I agree to maintain and/ or keep current my IFTA and/or IRP account(s), as appropriate. I also agree to comply with the terms and conditions for the installation and use of the transponder by WSDOT.

Signature	Title	Date
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Border Crossing Authorization Statement

If your company will be participating in the Border Crossing project, please sign the authorization to release your vehicle information to a third party vendor.

Authorization: Yes No Signature _____

The purpose of this project is to expedite the transferring of vehicle and cargo information between US and Canada Customs.