



**Wyoming Secretary of State**

Compliance Division  
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For Office Use Only

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## Commercial Registered Agent Registration

1. Legal name of applicant. *(An applicant may be a natural person or business entity. If a natural person, the individual must be 18 years or older.):*

*For consistency the Secretary of State's Office will only keep one version of the agent's name on file.*

2. The applicant's physical address (a post office box is prohibited) in **Wyoming** where service of process may be made during regular business hours for entities served by the applicant:

Address:

City, State and Zip Code:

Business Hours for Service of Process:

Phone Number:

Email Address:

3. Mailing address of the applicant if different:

4. If the applicant is a business entity, the name, physical address and phone number of the natural person(s) who has responsibility for the entity:

Name:

Address:

City, State and Zip Code:

Phone Number:

5. By signing this application, I agree:
- To comply with the provisions of the W.S. §17-28-101 – 17-28-111.
  - That the applicant, or in the case of a business entity, its officers, directors, partners, or persons serving in a similar capacity have not been convicted of a felony.
  - That the name of natural person(s) or the position(s) that is authorized to accept service of process on behalf of the Commercial Registered Agent shall be held on site at the registered office.
  - That this registration expires on December 31 of each year. A registered agent who does not renew by December 31 of each year shall not have registered agent status.
  - That information contained on this application may be published on the Secretary of State's website:
    - Yes                      No

*I declare under the penalty of perjury that the statements contained in this application are true and correct and acknowledge that pursuant to W.S. §6-5-308 it is a felony to knowingly offer a false or forged instrument for filing with the Secretary of State.*

Date: \_\_\_\_\_  
(mm/dd/yyyy)

Signature: \_\_\_\_\_

Print Name:

Title:

State of \_\_\_\_\_

S.S.

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

by \_\_\_\_\_.

*Signatory Name*

SEAL

\_\_\_\_\_  
*Notary Public Signature*

My Commission Expires: \_\_\_\_\_

## **Checklist**

### **New Application**

*Filing Fee: \$25.00*

### **Renewal**

*Filed by November 30: Filing Fee \$25.00*

*Filed between December 1 – December 31: Filing Fee \$25.00 + \$25.00 Late Fee*

*Filed after December 31: Please contact our office*

***\*Make all checks payable to Wyoming Secretary of State\****