

WISCRS SYSTEM ACCESS REQUEST

Wisconsin Department of Transportation MV2940 8/2019 s343.24 Wis. Stats.

Carriers requesting access, complete **Section A, select enrollment type and sign.**Carriers requesting access for a Permit Service, complete **Sections A & B.**New Permit Service or Permit Service employee requesting access, complete **Section B only.**

Send completed applications by email to: irp-ifta@dot.wi.gov, or by fax to: 608-267-6886. Section A – To be completed by Carrier (All fields required) Request Type ☐ Create ☐ Delete Applicant Name - Last, First, MI Account Name WI Access Management System (WAMS) User ID IRP Account Number WI E-Mail Address (used to create WAMS User ID) IFTA Account Number DMV Customer Number (DOT USE ONLY) (Area Code) Telephone Number Section B – To be completed by Permit Service (All fields required) **FEIN Number** Request Type ☐ Create ☐ Delete Permit Service Name WI Access Management System (WAMS) User ID Agency Address: Building - Room Number, Street, City, State, ZIP Code F-Mail Address (Area Code) Telephone Number DMV Customer Number (DOT USE ONLY) Choose all that apply: ☐ Enroll applicant in the Wisconsin Carrier Registration System (WisCRS) IFTA web application. ☐ Enroll applicant in the Wisconsin Carrier Registration System (WisCRS) IRP web application. This agreement is entered into between the Wisconsin Department of Transportation, Motor Carrier Services Section and the applicant indicated above. The Department has implemented a process by which the applicant will conduct its business electronically in substitution for conventional, paper-based documents and to assure that such reports are legally valid and enforceable. I acknowledge that if I divulge my password or give access to any of my privileges to unauthorized persons, I may be subject to User Agency disciplinary action. Evidence of unauthorized access may result in the revocation of online privileges. However, I understand that I may be required to give this information to a Departmental Security Officer for logon ID problem resolution. I may be held responsible for any changes made or fees accrued to my account by unauthorized persons. The Wisconsin Commercial Registration System is for authorized users only. System access is monitored. By using this system, I expressly consent to this monitoring. Access will be withdrawn when the licensee or the security officer notifies our office. We will implement security changes as quickly as possible, but will need advance notice of at least 5 business days. (Applicant Signature - required) (Applicant's Supervisor Signature - optional) (Date) (Date)

If Authorized Representative, Permit Service or Attorney-in-Fact attach Power of Attorney.

Electronic Credential Waiver: If an individual voluntarily chooses to prove credentials by presenting the traffic officer, or other government employee, with an electronic device, then the individual waives all claims for any damage caused, or believed to be caused, by the traffic officer, or other government employee, to the electronic device. Notwithstanding this waiver, if the traffic officer, or other government employee, causes damage to the electronic device by acting willfully, maliciously, fraudulently, in bad faith, or beyond his or her authority, then the traffic officer, or other government employee, shall be liable for damage to the electronic device. The Applicant agrees to inform any individual to whom this waiver applies of the liability imposed on them by this waiver.