



**Customer Information (Please print clearly)**

Carrier Name		USDOT # on the side of the truck (Carrier Responsible for Safety)	
Transponder Mailing Address		City	State Zip + 4
Contact Person	Phone Number	Email	

**Vehicle Information**

- A. **ASSIGNED** - To assign less than 10 transponders: Send a copy of the vehicle registrations/cab cards
- B. **ASSIGNED** - To assign 10 or more transponders: Send three (3) random cab cards **AND** a spreadsheet with the plate, base state, unit, VIN, year, make, GVW, and registration expiration date
- C. **UNASSIGNED** - Without vehicle information, transponder(s) will be mailed out *unassigned*

**Terms and Conditions of the Electronic Screening Program**

1. Carrier assumes full ownership and responsibility for the transponder
2. Carrier will report any changes in vehicle information or transponder assignment (add, remove, or transfer) in writing to WSDOT via email [TransponderAdmin@wsdot.wa.gov](mailto:TransponderAdmin@wsdot.wa.gov) or fax 360-705-6836
3. 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.

**Payment Information**

Credit Cards **NOT** accepted. Please send the application, vehicle information, and a check or money order (in US Funds), made payable to the address below:

Washington State Department of Transportation  
**Attn: Cashier**  
 310 Maple Park Avenue SE  
 PO Box 47305  
 Olympia, WA 98504-7305



Total Number of Transponders Requested \_\_\_\_\_  
 \_\_\_\_\_ x \$35.00/each = \_\_\_\_\_ Total Amount Due

Note: Once a transponder is purchased, there is no monthly fee for using the device in WA, ID, SD, NY, & CT

**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 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 - Required	Printed Name & Title	Date
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For additional information please visit our web site: [www.wsdot.wa.gov/travel/commercial-vehicles](http://www.wsdot.wa.gov/travel/commercial-vehicles)