

# Statutory Trust Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

## Before Filing Please Note

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- The filing must be **originally signed** by at least one trustee.
- Include the filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- The name of the statutory trust need not include the words “statutory trust.” If the name includes the word “statutory” it must immediately precede the word “trust.”
- The Certificate of Authority form must be accompanied by an **originally signed** Consent to Appointment by Registered Agent form.
- Please provide us with an e-mail address so we may provide you with an electronic certificate for evidence of your filing and a courtesy reminder when your annual report is due.
- An annual report will be due on or before January 2 each year.** If not paid within thirty (30) days from the due date the entity will become delinquent, increasing the fee to \$200. If not filed by April 1, the entity will be subject to dissolution/revocation.



## You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

## Additional Contact Information

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- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
  - Ph. 307.777.2800 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
  - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
  - <https://www.irs.gov/Filing>



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For Office Use Only

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## Foreign Statutory Trust Application for Certificate of Authority

Pursuant to W.S. 17-16-1503 the undersigned statutory trust company hereby applies for a Certificate of Authority to transact business in the state of Wyoming.

1. Name of the statutory trust company as organized:

2. Organized under the laws of:

*(State or country)*

3. Date of organization:

*( mm/dd/yyyy)*

4. Period of duration:

*(This is referring to the length of time the statutory trust intends to exist and not the length of time it has been in existence. The most common term used is "perpetual.")*

5. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

6. Mailing address of the statutory trust company:

7. Principal office address:

8. Names and business addresses of the current trustees:

Name:

Address:

9. The statutory trust company accepts the constitution of the state of Wyoming in compliance with the requirement of Article 10, Section 5 of the Wyoming Constitution.

10. For name availability purposes list the type of business the statutory trust company will be conducting:

**Trustee Signature:** \_\_\_\_\_

**Date:**

( mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

*(Email provided will receive annual report reminders and filing evidence)*

*\*May list multiple email addresses*

**REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING**

The completed application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of formation.

**Note:**

**An annual report will be due on or before January 2 each year.** If not paid within thirty (30) days from the due date the entity will become delinquent, increasing the annual report fee to \$200. If not filed by April 1, the entity will be subject to dissolution/revocation.



## Consent to Appointment by Registered Agent

I, \_\_\_\_\_, registered office located at  
*(name of registered agent)*

voluntarily consent to serve

**\*** *(registered office physical address, city, state & zip)*

as the registered agent for  
*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

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

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Registered Agent Mailing Address  
(if different than above):

**\*If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

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