**New! Online Lobbyist Registration System**

We are excited to inform you that our office has implemented a new online lobbyist registration and renewal system that can be accessed by visiting [https://lobbyist.wyo.gov](https://lobbyist.wyo.gov). This online system will allow you to register at any time and renew your registration starting on April 1st of each year.

Amendments, terminations, and activity reports will still need to be submitted via email to [elections@wyo.gov](mailto:elections@wyo.gov) or by mail to:

Wyoming Secretary of State’s Office
Election Division
2020 Carey Ave, Suite 600
Cheyenne, WY 82002

**How do I register online?**

**Step 1:** Visit our new Lobbyist Center: [https://lobbyist.wyo.gov](https://lobbyist.wyo.gov)

**Step 2:** Select *New Lobbyist Registration*

**Step 3:** Search for your name.

**Step 4:**
- *If your name is listed…*
  
  Select your name by clicking on the *Lobbyist Number*. Then, in the upper right-hand corner, select *Renew This Registration*.

- *If your name is not listed…*
  
  Select *Create a New Registration* and enter your information.

**Step 5:** Once you’ve completed the payment portion, you will be able to print your receipt and registration form.

**Step 6:** A lobbyist badge will be mailed to the address provided.

Please contact our office with any questions: [elections@wyo.gov](mailto:elections@wyo.gov) or (307) 777-5860.

Thank you!
Lobbyist Registration Form

Pursuant to W.S. 28-7-101 through W.S. 28-7-201 and Rules on Lobbyists, lobbyists are required to register with the Secretary of State’s Office within 48 hours of commencing lobbyist activities.

PLEASE COMPLETE REQUIRED PARTS 1-5 & ATTACH FEE. PLEASE PRINT LEGIBLY OR TYPE.

PART 1: Lobbyist Registration
(All fields are required.)

Name: ____________________________
First Name                             Last Name

Address: ____________________________
Street/P.O. Box

Phone Number: _________________________
(Required)

Email: ______________________________
(Required)

PART 2: Lobbyist Badge
(Organization name will not appear on badge.)

Please select one option:

☐ Please mail my badge to the address above.
☐ I will pick up my badge at the office.
☐ I do not need a badge.
☐ Please mail to: ______________________________
   (Street/P.O. Box)
   City                            State            Zip

PART 3: Principal - (Organization, Association, Labor Union, Corporation, or Special Interest Group to be represented.)

Organization Name: ____________________________
   (Acronyms must be spelled out.)

Organization Address: ____________________________
   Street/P.O. Box
   City                            State            Zip

Phone Number: ____________________________
(Required)

*Please list additional representation on page 2.

PART 4: Registration Fee - (Please select one option.)

☐ $25 Fee - The secretary of state shall collect a registration fee of twenty-five dollars ($25) at time of registration.

   OR

☐ $5 Fee - Any person who is not receiving or has no reasonable expectation of receiving expense reimbursement or compensation in excess of five-hundred dollars ($500), or who shall receive no compensation beyond travel and per diem expenses for lobbying activities shall pay a registration fee of five dollars ($5) to the secretary of state at the time of registration.

PART 5: Signature

____________________________________
Signature

____________________________________
Date

Lobbyist Registration – Revised August 2019
**Additional Principal - (If Applicable)**

(Organization, Association, Labor Union Corporation, or Special Interest Group to be represented.)

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>(Acronyms must be spelled out.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Address:</td>
<td>Street/P.O. Box</td>
</tr>
<tr>
<td></td>
<td>City State Zip</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>(Required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>(Acronyms must be spelled out.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Address:</td>
<td>Street/P.O. Box</td>
</tr>
<tr>
<td></td>
<td>City State Zip</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>(Required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>(Acronyms must be spelled out.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Address:</td>
<td>Street/P.O. Box</td>
</tr>
<tr>
<td></td>
<td>City State Zip</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>(Required)</td>
</tr>
</tbody>
</table>

**Please mail form to:** Wyoming Secretary of State’s Office  
Attn: Election Division  
Herschler Building East  
Suite 100 and 101  
122 West 25th Street  
Cheyenne, WY 82002-0020

**Blank PDF available at:** [http://sos.wyo.gov/Forms/Forms.aspx](http://sos.wyo.gov/Forms/Forms.aspx)