

NOTE: Must be completed ANNUALLY.

INTRASTATE MOTOR CARRIER OF PASSENGERS

Note: If you wish to operate as an intrastate motor carrier of passengers, you must first apply for a USDOT Number
www.fmcsa.dot.gov/registration

(Print a copy of your online filing and submit that copy with your completed application.)

(1) REASON FOR FILING (Mark only one)				
New (\$75 per vehicle): <input type="checkbox"/> -submit along with the vehicle registration application	Annual Renewal (\$75 per vehicle): <input type="checkbox"/> -submit along with the vehicle registration application	Update/Change (No Fee): <input type="checkbox"/>		
<i>(please make check payable to The Commissioner of Transportation)</i>				
(2) TYPE OF BUSINESS ENTITY (Mark only one.)				
Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Limited Liability Partnership (LLP) <input type="checkbox"/>	Limited Liability Co. (LLC) <input type="checkbox"/>
(3) BUSINESS IDENTIFICATION NUMBER(S)				
MnDOT #:		USDOT #:		
(4) NAME OF BUSINESS				
Name of Company (as filed with the Secretary of State):		Doing Business As (DBA) Name:		
(5) PHYSICAL ADDRESS				
Street:		City:	State:	Zip:
(6) MAILING ADDRESS				
Street:		City:	State:	Zip:
(7) INDIVIDUAL RESPONSIBLE FOR DAILY BUSINESS OPERATIONS				
Print Name:		Title:		
Business Phone Number:		Fax Number:		
Is the applicant a foreign corporation authorized to transact business in Minnesota? YES: <input type="checkbox"/> NO: <input type="checkbox"/>				
NOTE: If you answered Yes , please provide the name and address of the resident agent:				
Resident Agent Name:		Address:		

INSURANCE COVERAGE – No person may provide intrastate Motor Carrier of Passengers services until the person complies with the insurance requirements.

(8) **FORM E** – General Liability and Vehicle Liability (MINNESOTA STATUTES **221.141** & CODE OF FEDERAL REGULATIONS, **TITLE 49, SECTION 387.33**)

(9) **EVIDENCE OF WORKERS' COMPENSATION** (ALL APPLICANTS MUST COMPLETE THIS SECTION)

We cannot issue a certificate until you have completed the Certificate of Compliance Minnesota Workers' Compensation Law Form.

10) **Signature** (Please read carefully before signing this application)

By signing this application, you are stating you are age 18 or older; you have read and understand this application; the information provided is true and correct to the best of your knowledge; you are authorized to sign this application; and the person, partnership, corporation, LLP or LLC HAS READ and UNDERSTANDS all laws and rules pertaining to the issuance of the type of authority being requested. You WILL be held accountable for adhering to all laws and rules. You are required to complete a NEW application if ANY of the information contained on this application changes.

I, the undersigned applicant or applicant official, do hereby state that the above information is true and correct to the best of my knowledge and belief.

Signature: _____

Company Name (Please Print): _____

Print Name: _____ Print Title: _____ Date: _____

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Tennessee Warning

Minn. Stat. §13.04, subd. 2

In submitting your registration for intrastate passenger carrier authority, you are required to file, with MnDOT, a complete and accurate federal motor carrier identification report form MCS-150, which requires some private or confidential information about yourself. Specifically, you are asked to provide IRS/Tax ID No (EIN and/or Social Security Number). Minnesota Statutes, section 13.355, classifies a social security number, in whole or in part, as private data on individuals.

Before you give MnDOT permission to collect and/or release private or confidential data about you, MnDOT encourages you to review the information listed on this data privacy notice (also called a Tennessee Warning).

As required by Minn. Stat. s. 221.0252, subd. 1, MnDOT requires you to submit the federal form (MCS-150) as part of your registration to operate as an intrastate motor carrier of passengers. The MCS-150 requires the applicant to provide IRS/Tax ID No (EIN and/or Social Security Number). MnDOT's Office of Freight and Commercial Vehicle Operations credentialing staff will use this information to review and process your registration, and it will become part of the carrier file maintained by MnDOT. While you may legally refuse to supply the requested data, Minnesota law requires that it be provided before MnDOT may complete your registration; and, failure to provide it may result in denial of your application.

MnDOT does not share the protected information with any other persons or entities. With some exceptions, unless you consent to further release of the private information, release of this information will be limited to the following:

- U.S. Department of Transportation, Federal Motor Carrier Safety Administration;
- Minnesota Department of Public Safety, Commercial Vehicle Section;
- Law enforcement personnel requiring access for investigative purposes;
- Staff at the Minnesota Attorney General's Office in the event of legal action; and,
- Persons who possess a court order to receive the information.

Note: This Tennessee Warning is specific to registration as an intrastate Motor Carrier of Passengers. For all other applications requiring the Tennessee Warning, it is part of the application.

Signature: _____

Date: _____

Name (please print): _____

Motor Carrier of Passengers -- Registration Instructions
Minnesota Statutes, section 221.0252

****Please complete the following steps prior to submitting your application for processing****

You are responsible for registration with the USDOT¹. Prior to applying for authority, you must have filed for a USDOT number and you must attach a copy of the USDOT filing to this application. Also, in addition to other required vehicle markings, the vehicles operating as motor carrier of passengers must display the USDOT number prior to operating as a motor carrier of passengers.

1) **Reason for Filing-**

New: A new carrier must submit an application for a certificate of registration and must register vehicles (\$75 fee per vehicle) it will use. Be sure to include a copy of your USDOT filing with this application.

Annual Renewal: A carrier must annually renew its registration, including vehicle registration (\$75 fee per vehicle).

Update: A carrier must provide an update regarding any material changes to its application. The USDOT registration must also be updated.

2) **Type of Business Entity-**

Indicate whether the applicant's business is a sole proprietorship, partnership, corporation, limited liability partnership, or limited liability company.

3) **DOT Numbers-**

- A. Provide USDOT number.
- B. Provide MnDOT number for Renewals, Updates, and Changes.

4) **Name of Business-**

- Your company name as it will appear on your Passenger Certificate of Registration.
- Doing Business As (DBA) name. This is the name filed with the Minnesota Secretary of State.

5) **Physical Address-**

This is the location in Minnesota where the records will be kept for inspection and copying.

6) **Mailing Address-**

This is the address to which MnDOT will send correspondence and should be the address listed on your Form E Certificate of Insurance.

7) **Individual Responsible for Business Operations-**

Name of individual who is responsible for the day-to-day operations of the business. This will be the contact person with whom MnDOT will correspond and conduct business.

¹ See <https://www.fmcsa.dot.gov/registration> for information on USDOT registration

Foreign Corporation – A corporation that is organized under the laws of a state other than Minnesota that transacts business in Minnesota, is classified as a foreign corporation under Minnesota law. Please check yes if your corporation is foreign and if you are authorized to transact business in Minnesota. If you indicate “**Yes**” please provide the name and address of the authorized registered agent.

8) **Insurance Coverage -**

File a Form E (sent from your insurance company’s corporate office).²

Your insurance company (not local agent) must submit the Form E directly to our office, certifying that you have the proper coverage for operating as a Motor Carrier of Passengers. **No other certificate of insurance will be accepted.**

Have your insurance company mail the Form E to:

**Minnesota Department of Transportation
Office of Freight and Commercial Vehicle Operations – Credentials Unit
395 John Ireland Boulevard MS 420, Rm 153
St. Paul MN, 55155**

Or fax:

(651) 366-3718

9) **Evidence of Minnesota Workers’ Compensation-**

Minnesota Statutes, section 176.182 requires that every state or local licensing agency withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section [176.181, subdivision 2](#), by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner of Labor and Industry shall assess a penalty to the employer of \$2,000, if the information is not reported or is falsely reported.

10) **Signature-**

An application must be signed **only** by a corporate officer, general partner, limited liability company board member, or sole proprietor. The signature must be notarized.

² Required limits can be found in the Code of Federal Regulations, title 49, section 387.33

New/Renewal Vehicle Registration Application

ALL PAGES YOU SUBMIT MUST BE COMPLETE

For Motor Carrier of Passengers, Limousine and Special Transportation Services Providers, this preprinted renewal is the only notice you will receive to renew your vehicle registrations. The vehicles listed on the form are the vehicles currently registered.

THE LATE FEES DO NOT APPLY TO LIMOUSINE DECALS, STS DECALS, OR BUILDING HOUSE MOVER CAB CARDS

- 1) Enter or verify the LEGAL company name (name you have registered with the Secretary of State), Doing Business As (DBA) name (if any), and BUSINESS address of applicant.
NOTE: If the address has changed, you must file a change of address form; and you must also have your insurance company file an updated Form E certificate of insurance. Enter or verify your Minnesota DOT Number (MnDOT #) and your US DOT Number in the appropriate box.
- 2) **Action.** If you are adding (A) a new vehicle to your fleet; deleting (D) a vehicle from your fleet (draw a line through it); transferring (T) the cab card to a new vehicle (LIMOUSINE and STS decals CANNOT be transferred to another vehicle); or, (R) renewing the vehicle registration, indicate the action here.
- 3) Enter or Verify the Year and Make of each vehicle you wish to register.
- 4) (If Applicable) Enter or Verify Vehicle **Unit Number:** This is a number assigned by you. It can be up to 4 letters or numbers.
- 5) **VIN:** Enter or Verify the **Complete** Vehicle Identification Number (VIN).
- 6) **State:** Verify or enter the two letter STATE abbreviation that the vehicle is registered in.
- 7) **License Plate Number:** List the License Plate Number on the vehicle. (LM plates are ONLY transferable between vehicles in your name).
- 8) **Passengers:** Motor Carrier of Passenger and Limousines must list the number of passengers the vehicle is designed to transport including the driver. (Your application will be rejected without this number).
- 9) **WC:** For Special Transportation Services (STS) Providers, indicate how many wheel chair securements are in the vehicle.
S: For Special Transportation Services (STS) Providers, place an 'X' in the column if the vehicle carries stretchers.
PT: For Special Transportation Services (STS) Providers, place an 'X' in the column if the vehicle is certified as a "protected transport" vehicle.

- 10) **AUTHORITY Type:** List the Authority Type, i.e. Pass, STS, Limo, HHG, BHM

Motor Carrier of Passengers	Special Transportation Service Decals	Limousine Decals	Household Goods Cab Cards	Building Mover Cab Cards
\$75 per vehicle	\$45 per vehicle	\$80 per vehicle	\$75 per vehicle	\$10 per vehicle

LATE FEE: For HHG or Motor Carrier Passenger Authority ONLY ... If your application is late (beyond expiration of your current cab cards) enter \$5.00 per late vehicle.

- 11) **Total Fees Due Per Vehicle:** Add the fees from the FEE box and the LATE FEE Box and enter it in this column.
- 12) **10-Day Temporary:** If you are a Household Goods Carrier or Passenger Carrier, enter the number desired. Multiply by **\$5.00** and enter the total in column 11
- 13) **Floater Cab Cards:** Household Goods, Passenger & Building House Movers. If you are purchasing "Floater Cab Cards", multiple numbered desired by **\$100.00**. Place the total in column 11 (You MUST have at least one vehicle registered on your authority. YOU CANNOT operate only on a FLOATER)
- 14) **SUBTOTALS:** Total Fees Due from additional pages. If no additional pages, enter zero "0" in this cell.
- 15) **TOTAL AMOUNT DUE:** Total all fees listed in column 11 for vehicles.
- 16) **PAGE TOTAL AMOUNT DUE:** Use this only when additional pages are needed for registering the company's vehicles. Transfer this amount to Line 14, Column 11 of Page 1 of the Renewal/New Vehicle Registration Application. **The form must be signed by Corporate Officer, General Partner, LLC Board Member, or Sole Proprietor.**

If you need additional pages, please visit our webpage at: <http://www.dot.state.mn.us/cvo/credentials.html>. Or you may call our office at 651-215-6330 for additional pages.

- *MnDOT, OFCVO Inspectors are the only inspectors authorized to complete the required annual inspection for Limousines and STS vehicles.*
- *Motor Carriers of Passenger: MnDOT, OFCVO Inspectors & DPS Certified Inspectors are authorized to complete the required annual inspection.*
- *PASS, LIMO & STS: Please include a copy of your most current vehicle inspection report (for each vehicle) along with your vehicle registration application.*

New/Renewal Vehicle Registration Application

ALL PAGES YOU SUBMIT MUST BE COMPLETE

(1) Legal Company Name _____
 DBA _____
 Business Address _____
 City, State, ZIP _____

MnDOT#: _____ USDOT# _____

NOTE:

A current vehicle inspection report for each vehicle listed under Special Transportation Service (STS), Motor Carrier of Passengers (Pass), and Limousine (Limo) authority must be provided with this application. Household Goods (HHG) and Building Mover (BHM) authority are exempt from this inspection report requirement.

(Please see instruction page for vehicle registration requirements)

(2) Action Add Delete Transfer Renew ↓	(3) Vehicle Year & Make REQUIRED ↓	(4) Unit Number ↓	(5) Vehicle Identification Number (VIN) REQUIRED ↓	(6) State ↓	(7) License Plate Number REQUIRED ↓	(8) Number of passengers the vehicle is designed to transport REQUIRED ↓	(9) STS Providers indicate the number of WC securements in the vehicle in the "WC" box; and, an "X" in the "S" box if the vehicle carries stretchers; and, an "X" if the vehicle is a Protected Transport vehicle			(10) List the authority type per vehicle and the required fee for each vehicle below.			(11) Total Fees Due Per Vehicle
							WC	S	PT	Authority Type	Fee	Late Fee	
# of													
(12) 10-Day Temporary Cards (Passenger and Household Goods Carriers Only)						X	\$	5.00					
(13) Floater Cab Cards (Household Goods, Passenger & BHM Only)						X	\$	100.00					
(14) SUBTOTALS from additional pages (zero if no additional pages)						(Manually enter the totals from additional pages here)							
(15) TOTAL AMOUNT DUE. We accept the following forms of payment: checks (made payable to Commissioner of Transportation); Cash; Credit Cards allowed only in person													
Signature: _____ Title: _____ Date: _____													

