



## Minnesota Department of Transportation

### Office of Freight and Commercial Vehicle Operations

Mail Stop 420  
395 John Ireland Boulevard  
St. Paul, MN 55155-1899

Phone: 651/215-6330

Fax: 651/366-3718

## Intrastate For-Hire Motor Carrier of Property Registration Application Instructions

**Note: This application is to be used when registering as an intrastate Motor Carrier of Property. It cannot be used to register as a Household Goods (HHG) Carrier or Motor Carrier of Passengers.**

“Motor Carrier of Property” means a motor carrier engaged in the for-hire transportation of property, other than household goods, in Minnesota.

The Minnesota Department of Transportation, Office of Freight and Commercial Vehicle Operations, administers the intrastate for-hire Motor Carrier of Property registration program in Minnesota. You may contact the office at the address and phone number listed above. Office business hours are 8:00 a.m. to 4:30 p.m., Monday through Friday.

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### General Instructions

The **Property Registration Statement** is designed to gather the information needed before the commissioner may issue a registration certificate under Minnesota Statutes, section 221.0251. Please **read these instructions carefully** before completing the application. To make sure your application is processed quickly and correctly, **please print or type** the required information.

To obtain a registration certificate for intrastate property carrier transportation:

- Complete the attached Property Registration Statement;
- Complete the attached "Evidence of Worker's Compensation" form;
- Submit proof of compliance with financial responsibility requirements as defined in Minnesota Statutes, section 221.141 (**Form E insurance** filing with minimum limits of: \$100,000/300,000 Public Liability and \$50,000 Property Damage). **Your application cannot be processed without your insurance;** and
- Attend an Introduction to Minnesota Trucking Regulations (IMCC) training seminar within 90 days of being issued a certificate. This fulfills the compliance standards as required by Minnesota Statutes 221.124. **Failure to attend the IMCC training seminar will result in the cancellation of your authority.**

The IMCC training seminar includes a general overview of the safety regulations, operating authority, and registration requirements.

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# COMPLETING THE PROPERTY REGISTRATION STATEMENT

The instructions below correspond to the numbered sections on the registration statement. If you have a question about the information required, please contact the Office of Freight and Commercial Vehicle Operations at (651) 215-6330.

**Section 1** Give the **full name** of the individual, partnership, corporation, or limited liability company who is applying for registration.

If different from the name given on line 1, give the exact **name you intend to use** to provide service on line 2.

**If you plan to conduct a commercial business under an assumed name, Minnesota Statutes, section 333.01 requires you to file a certificate with the Minnesota Secretary of State. Questions about this requirement should be addressed to the Office of the Secretary of State at (651) 296-2803.**

**Section 2** Mark whether company transports hazardous materials (HM), hazardous waste (HW) or neither one.

**Section 3** List all applicable company identifying numbers in the corresponding boxes in section 2. The FEIN Number is the company's Federal Employee Identification Number. If company has a Taxpayer Identification Number (TIN), instead of a FEIN, it should be entered in this box instead.

If a carrier also holds operating authority under the old Interstate Commerce Commission (ICC) or is applying for interstate operating authority from the ICC's successor agency, the Surface Transportation Board (STB), list that number in this box.

If a carrier transports hazardous waste under an EPA waste manifest, or otherwise has an EPA ID number, list that in this box.

Check type of organization motor carrier operates as (corporation, partnership limited liability partnership, sole proprietorship, limited liability company or foreign corporation).

**Section 4**

Give the full name, title, and telephone number of the individual who is responsible for the **day-to-day operation** of the motor carrier. The telephone number must be the number at which the person may be contacted during normal business hours.

Give the location, in Minnesota, where the **records** required by Minnesota Statutes and Rules will be available for inspection and copying. If this is the same as the location described in section 1, mark "same as section 1".

**Minnesota Rules state that records must be available for inspection and copying in Minnesota.** If the motor carrier's principal place of business **is not** located in Minnesota, a location must be designated where the records will be available. This may be an attorney's office, registered agent's office, or any other location in Minnesota where the records will be readily available for inspection and copying.

**Section 5**

If the applicant is a **foreign corporation** (a corporation organized under the laws of a state other than Minnesota) authorized to transact business in Minnesota, give the full name and address of corporation's registered agent on file with the Office of the Secretary of State.

**Section 6**

**Signature** of the appropriate company official. Show the **date** the application was signed.

- The date in the acknowledgment must be the same as the date signed by company official.
- Check the box that indicates the person's title (sole proprietor; general partner; limited liability company board member; or the specific office the person holds if the applicant is a corporation).

The **notary public's acknowledgment** must be completed. An application without a notary public's acknowledgment cannot be processed.



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PROPERTY REGISTRATION STATEMENT

1

COMPANY NAME:
DBA (doing business as):
Mailing address:
E-Mail address:
Telephone number (include area code):

2

Check applicable transportation type
hazardous materials
hazardous waste
none of the above

3

Table with 5 columns: FEIN(OR TIN NUMBER), MN Business ID Number, US DOT Number, STB(or ICC) Number, EPA Number

COMPANY IDENTIFYING NUMBERS

- corporation, partnership, limited liability partnership, sole proprietorship, limited liability company, foreign corporation (must complete Part 5)

4 CONTACTS

Name, title, telephone number of principal person responsible for day-to day operation:
List location of principal place of business and location where transportation records are kept:
If location listed above is NOT in Minnesota, list location in Minnesota where records will be available for inspection:

5 FOREIGN CORP.

State of Incorporation:
Registered Agent's name and business address:

6 SIGN AND NOTARIZE

I am a: corporate officer, general partner, limited company board member, sole proprietor

SIGNATURE: (must be notarized)

STATE OF MINNESOTA

DATE: COUNTY OF

This registration application was acknowledge before me on the day of , 20 .

(SEAL) Notary Public

My Commission expires