



**Minnesota Department of Transportation**  
**Office of Freight and Commercial Vehicle Operations**  
**395 John Ireland Blvd. Room 153, MS 420**  
**St Paul, MN 55155-1800 651/215-6330**  
**Credentials Authority APPLICATION INSTRUCTIONS**

1. Type of Authority Requested

Check all boxes that apply towards the type of authority you wish to apply for.

Fees Due: Enter the amount of fees due here. This is for NEW applicants only. No renewals are done using this form.  
Limousine; \$150.00, Household Goods \$150.00, Motor Carrier of Property; NONE,  
Building House Movers; \$150.00, Motor Carrier of Passengers; None, Special Transportation; None

2. Type of Ownership:

Please check the type of ownership for the authority being issued.

If you are a partnership, corporation, LLC or LLP, please make sure to include

copies of your Secretary of States filing. That documentation MUST list the names of all partners and all corporate officers.

3. If your corporation is filed in another state, your corporation is considered to be a foreign corporation under MN law.

Please circle if your corporation is foreign and if you are authorized to do business in Minnesota.

If you indicate "Yes" you will need to provide the name and address of the authorized resident agent.

4. Personal, or business identification numbers. Please list all identification numbers associated with you or your business.

*The Social Security number is used for identification purposes only, and is not maintained electronically nor is it public.*

5. Ownership

If you indicated anything other than "Sole Proprietor" in question number 2, please list all partners or corporate officers and their title here. If there are more than 3, please attach another sheet.

6. Name: List the name exactly as you want it to appear on your authority.

7. If you are doing business under an assumed name (DBA) please show it here.

You must also attach documentation showing you have filed your "DBA" with the Minnesota Secretary of State's Office

8. Address of PRINCIPLE place of business. Unless otherwise noted in questions 8a, or 8b, this is the address we will assume your business is operated from, where your records are kept, and the location associated with the phone number given in question 9. In most cases, this address MUST match your insurance Form E filing, and also all of the supporting documents from the Secretary of State's Office.

8A. If you use an alternative address different from your business address for receipt of your mail, please indicate here.

8B. If you keep your business records in a different location from 8, or 8A, please list it here.

9. List your business phone number. This is the number our office will use to set up audit appointments or if our office has questions regarding your account.

9A. You may list an alternate phone number as a second point of contact.

9B. You may enter your Email address here. Our office may use this email address to send out notices.

10. Persons name responsible for the day to day operations of the business. 10A this persons phone number, and 10B email address of this person

11. Questions 11A, B, C, and D are asking if you or others listed in question 5 have ever, or are currently involved with any other authority granted by this application and if it is now or has ever been revoked.  
*Falsifying this information may result in the revocation of your authority*

12. If any of the questions in question 11a-11d were answered yes, please list all Mn/DOT and USDOT numbers issued to those accounts.

13. This question pertains to Special Transportation Services applicants only. Please place a check in the box if your service serves the Elderly, Handicapped or Disabled.

14. Please indicate whether or not you transport hazardous materials.

15. If you are applying for a household goods carrier, please list the commodities to be transported.

16. & 17. Please PRINT your name and sign the application.

18. Optional information for Household Goods carriers to provide.

19. ALL APPLICANTS MUST FILL OUT THIS SECTION, SIGN IT AND DATE IT.