



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

**Application For Special Transportation
Certificate of Compliance**

- New Renew Update Information Additional Equipment (Complete Sections 1, 3 & 5)

Section 1

Provider Name:		Certificate No.:
DBA:		Business Type (Corp., Partnership, Etc.):
Address:		
City, State, and Zip:		
Telephone No. (include area code):	Fax No. (include area code):	
E-Mail Address:		

Section 2

Transportation Coordinator Name:
Address:
City, State, and Zip:
If location listed above is NOT in Minnesota, list location in Minnesota where records will be available for inspection and copying:
Telephone No. (include area code):
Cellular Phone No. (include area code):

List Name of corporate directors or officers, general and limited partners, LLC board members or owners:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

(Please see reverse side for Vehicle and Driver information)

Is the applicant a foreign corporation authorized to transact business in Minnesota?

Yes _____

No _____

If yes, name and address of resident agent: _____

Has the applicant or any person identified above had a special transportation certificate of compliance suspended, denied, cancelled or revoked during the preceding year?

Yes _____

No _____

If you checked "Yes", indicate the certificate number of the applicable certificate _____

Category of Passengers Served (check all that apply): Elderly Handicapped Disabled

If vehicle will carry passengers in wheelchairs, have wheelchair securement devices been inspected and approved by State Patrol or Department of Transportation? Yes No N/A

Section 3

List Vehicles Used (use extra sheets if necessary)							
Year/Make	License Plate Number & State	Vehicle Identification Number (VIN#)	No. Of Seating Pos.	Manufacturer GVWR	No. Of W/C Securements	Stretcher	
						Yes	No

Section 4

List name and address of each driver and state if each has complied with the standards set forth in the rules. (Use extra sheets if necessary)			
Name	Address (City, State, ZIP)	Complied?	
		Yes	No

Section 5

CERTIFICATION STATEMENT (to be completed by authorized official)

I _____ (Please print name) certify that I am familiar with the Special Transportation Services rules and declare that the information entered on this report is to the best of my knowledge and belief, true, correct and complete.

Signature _____ Title _____ Date _____