



**Minnesota Department of Transportation  
Office of Freight and Commercial Vehicle Operations  
395 John Ireland Blvd.  
St. Paul, MN 55155  
651-215-6330**

**EVIDENCE OF WORKER'S COMPENSATION  
Limousine Service Permit Application / Renewal**

The Minnesota Department of Transportation is required, by statute, to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the information required by this form is provided. Please complete PART A or PART B.

Questions about worker's compensation laws should be directed to the Minnesota Department of Labor and Industry, 443 Lafayette Road, St. Paul, MN 55155 (651) 284-5005 or Toll Free at 800-DIAL-DLI (800-342-5354).

Questions about self-insurance should be directed to the Minnesota Department of Commerce, 85 7th Place East, St. Paul, MN 55101 (651) 296-4026.

Carrier's Name: \_\_\_\_\_

US DOT Number: \_\_\_\_\_ Mn/DOT Number: \_\_\_\_\_

**PART A.** The worker's compensation coverage requirement of Minnesota Statutes, section 176.181, subdivision 2, does not apply to me because (check one):

\_\_\_\_\_ I am not an "employer" because I do not employ another person to perform a service for-hire

\_\_\_\_\_ I have obtained a written order from the commissioner of commerce exempting me from insuring liability for compensation and permitting self-insurance of the liability. I have attached a current copy of my permit to self-insure.

**OR**

**PART B.** The worker's compensation coverage requirement of Minnesota Statutes, section 176.181, subdivision 2 does apply to me.

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Dates of Coverage \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS INFORMATION MUST BE RETURNED WITH YOUR REGISTRATION FORM.**