DEPARTMENT OF TRANSPORTATION

Office of Freight & Commercial Vehicle Operations
395 John Ireland Blvd.
Room 153, Mail Stop 420
St. Paul, MN 55155
Phone: 651-215-6330

IMCC Online Training

Company Name: _____   MnDOT Number: _____

Contact Name: _____

Please record the code from each of the online IMCC Training modules below. The code will appear on a summary page in a box labeled "important" as shown to the right:

www.mndot.gov/cvo/imccElearning.html

Important

If you are taking this online training to meet your IMCC requirements, please record this code: XXXX

If you have not printed the form to record the code click here.

Introduction: _____

Driver Qualifications: _____

Drug and Alcohol Testing: _____

Hours of Service: _____

Operating Authority: _____

Vehicle Inspection, Repair, and Maintenance: _____

Vehicle Registration: _____

To meet your IMCC requirement and receive a certificate of completion, submit this completed form by:

Mail to the address listed at the top of this form,

Fax to 651-366-3718,

Or email it to CredentialsUnit.DOT@state.mn.us