

## Motor Carrier of Property: How to obtain authority

Obtain an information packet by visiting our website at [www.mndot.gov/cvo/packet/prop.pdf](http://www.mndot.gov/cvo/packet/prop.pdf) or by calling 651-215-6330.



Familiarize yourself with the Instructions and Rules & Statutes provided in the information packet.



Register your business name with the Secretary of State at <https://mblsportal.sos.state.mn.us/Business/Search>. Phone number: 651-296-2803



Apply for a USDOT Number [www.fmcsa.dot.gov/registration](http://www.fmcsa.dot.gov/registration) (Print a copy of your online filing and submit that copy with your completed application). Learn about USDOT Numbers at [www.mndot.gov/cvo/factsheets/USDOTNumber.pdf](http://www.mndot.gov/cvo/factsheets/USDOTNumber.pdf)



Obtain Commercial Insurance under your business name as registered with the Secretary of State. (Obtain Workers' Compensation Insurance if your business requires it.) For requirement information visit [www.dli.mn.gov/business/workers-compensation-businesses](http://www.dli.mn.gov/business/workers-compensation-businesses).  
Phone number: 651-284-5298.



When you are ready to submit a completed application to MnDOT, contact your insurance agent to have their corporate office submit a **Form E** to MnDOT.



Submit completed application ( [www.mndot.gov/cvo/applications/propertyapplication.pdf](http://www.mndot.gov/cvo/applications/propertyapplication.pdf)) in person, by mail, or by fax to (651) 366-3718. (You must complete and submit the Certificate of Compliance Minnesota Workers' Compensation Law page, even if you are not required to obtain that insurance.)

Applications may take more than one day to process.

For more information regarding Property Carriers visit our website at [www.dot.state.mn.us/cvo/property/forhire.html](http://www.dot.state.mn.us/cvo/property/forhire.html)

# Intrastate USDOT Number

## Fact Sheet

---

### What is a USDOT Number?

Companies that operate commercial vehicles transporting passengers or hauling cargo in intrastate or interstate commerce must be registered with the FMCSA and must have a USDOT Number. Also, commercial intrastate hazardous materials carriers that haul quantities requiring a safety permit must register for a USDOT Number. The USDOT Number serves as a unique identifier when collecting and monitoring a company's safety information acquired during audits, compliance reviews, crash investigations, and inspections.

### Where does it say I have to have a USDOT Number for intrastate operations?

MN Statutes, section [221.031, subdivision 6](#), and MN Statutes, section [168.185](#) require each motor carrier that operates in commerce to obtain a USDOT Number.

### What intrastate operations require a USDOT Number?

A USDOT Number is required for:

- For hire carriers, regardless of the weight of the vehicle, except vehicles operated under an intrastate limousine permit;
- Interstate and intrastate private carriers operating vehicles with a gross vehicle weight of more than 10,000 pounds; and,
- Vehicles providing transportation described in section 221.025 with a gross vehicle weight of more than 10,000 pounds except those providing transportation described in section 221.025, clauses (1), (3), and (4).

### What is the difference between interstate commerce and intrastate commerce?

Interstate commerce is trade, traffic, or transportation where the vehicle, its passengers, or cargo cross a state boundary. Intrastate commerce is trade, traffic, or transportation within a single state.

### How do I obtain a USDOT Number?

All USDOT Numbers are obtained online at [www.fmcsa.dot.gov/registration](http://www.fmcsa.dot.gov/registration).

1. Enter the web address above

2. Scroll down, Click the yellow box that reads “To Get Started Click Here”
3. Follow the instructions that walk you through the application process

Fees:

- **Intrastate** - there is no fee for an Intrastate USDOT Number.  
For assistance with Intrastate please call 651-366-3700
- **Interstate** - there is a \$300.00 fee to obtain an Interstate USDOT Number.  
For help applying for an Interstate USDOT Number you may call 651-291-6150.

### How do I display my USDOT Number?

Your vehicle(s) must display the following information (on BOTH sides of the cab of the vehicle):

- The legal business name or a single trade name; and,
- Followed by the USDOT Number provided by the FMSCA.  
(Example: **USDOT 455615**)

This information must:

- Be in letters that contrast sharply with the background on which the letters are placed; and,
- Be legible from a distance of 50 feet in normal daylight hours while the vehicle is stationary.

### Notes:

- A farm truck that is not used in interstate commerce; a vehicle that is not used in intrastate commerce or interstate commerce; or a vehicle that is **owned** and used solely in the transaction of official business by the federal government, the state, or any political subdivision is not required to obtain a US DOT number
- Gross Vehicle Weight means the gross vehicle weight rating specified by the manufacture or the actual weight, whichever is greater. If operating a combination of vehicles (such as truck & trailer) the combined weight would be used to determine if you are subject.

This Fact Sheet is intended as a resource. It is not intended to explain all the requirements of Minnesota or Federal law. The actual Statutes, Rules and Regulations are recommended as a resource, and can be purchased at the Minnesota Bookstore (phone number 651-297-3000 or 1-800-657-3757).

For additional assistance contact the US DOT at 651-291-6150 or MnDOT’s Office of Freight and Commercial Vehicle Operations at 651-215-6330. Visit us at [mndot.gov/cvo](http://mndot.gov/cvo).

## MOTOR CARRIER OF PROPERTY REGISTRATION STATEMENT

\*\*Please complete Steps 1-11 prior to submitting your application for processing\*\*

<b>(1) REASON FOR FILING</b> (Mark only one)				
NEW APPLICATION (No Fee): <input type="checkbox"/>		Update/Changes (No Fee): <input type="checkbox"/>		
<b>(2) NAME OF BUSINESS</b>				
Name of Company (as it appears with the Secretary of State):		Doing Business As (DBA) Name:		
<b>(3) TYPE OF BUSINESS ENTITY</b> (Mark only one)				
Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Limited Liability Partnership (LLP) <input type="checkbox"/>	Limited Liability Co. (LLC) <input type="checkbox"/>
<b>(4) BUSINESS IDENTIFICATION NUMBER(S)</b>				
FEIN (or TIN)	Minnesota Business ID#	USDOT#	ICC#	MnDOT #
<b>(5) INDIVIDUAL RESPONSIBLE FOR DAILY BUSINESS OPERATIONS</b>				
Print Name:		Title:		
Contact Phone Number:		Alternate Phone Number/Cell:		
Fax Number:		Email Address:		
<b>(6) MAILING ADDRESS</b>				
Street:		City:	State:	Zip:
<b>(7) PHYSICAL ADDRESS</b> (Where records are kept)				
Street:		City:	State:	Zip:
<b>(8) TRANSPORTATION TYPE</b> (check all that apply)				
Hazardous Materials? <input type="checkbox"/>		Hazardous Waste? <input type="checkbox"/>		None of the Above <input type="checkbox"/>
Is the applicant a foreign corporation authorized to transact business in Minnesota? YES: <input type="checkbox"/> NO: <input type="checkbox"/>				
<b>NOTE:</b> If you answered Yes, please provide the name and address of the resident agent:				
Resident Agent Name:		Address:		
<b>INSURANCE COVERAGE</b> – No person may provide Property Carrier services until in compliance with the proper insurance.				
<b>(9) FORM E</b> – Uniform Motor Carrier bodily Injury and Property Damage Liability Certificate of Insurance (Minnesota Statutes <b>221.141</b> , Hazardous Materials/Waste refer to <b>49 CFR, Sections 387.7-387.9</b> )				

**(10) EVIDENCE OF WORKERS' COMPENSATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)**

We cannot issue a certificate until you have completed the "Certificate of Compliance, Minnesota Workers' Compensation Law" form.

**Must be signed in front of a Notary Public**

**(11) Signature (Please Read Carefully Before Signing This Application)**

By signing this application, you are stating you are age 18 or older; you have read and understand this application; the information provided is true and correct to the best of your knowledge; you are authorized to sign this application; and, the person, partnership, corporation, LLP or LLC HAS READ and UNDERSTANDS all laws, and rules pertaining to the issuance of the type of authority being requested. You WILL be held accountable for adhering to all laws and rules. You are required to complete a NEW application if ANY of the information contained on this application changes.

**I, the undersigned applicant or applicant official, do hereby state that the above information is true and correct to the best of my knowledge and belief.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public**

**STATE OF MINNESOTA**

County of \_\_\_\_\_

This application was acknowledged before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Date Month Year

by \_\_\_\_\_, as the \_\_\_\_\_  
Title

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**(SEAL)**

**Return your completed application to:**

Minnesota Department of Transportation  
Office of Freight & Commercial Vehicle Operations  
395 John Ireland Boulevard, MS 420, Rm 153  
Saint Paul, MN 55155-1800

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

**Print in ink or type**

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
---	---------------------------	----------------------------

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1.  I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

**2. I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

**Print name**

Applicant signature (required)	Title	Date
--------------------------------	-------	------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

# Tennessee Warning

Minn. Stat. §13.04, subd. 2

In submitting your registration for intrastate property carrier authority, you are being asked to supply information that could include private or confidential information about yourself. Specifically, you are asked to provide the Minnesota Department of Transportation (MnDOT) with your federal employer identification number. This number may also be your social security number. Minnesota Statutes, section 13.355, classifies a social security number, in whole or in part, as private data on individuals.

Before you give MnDOT permission to collect and/or release private or confidential data about you, MnDOT encourages you to review the information listed on this data privacy notice (also called a Tennessee Warning).

MnDOT is requesting your federal employer identification number as part of your registration as an intrastate property carrier, as required by Minn. Stat. s. 221.0251, subd. 1 (b)(3). This number may also be your social security number. MnDOT's Office of Freight and Commercial Vehicle Operations credentialing staff will use this information to review and process your registration, and it will become part of the carrier file maintained by MnDOT. While you may legally refuse to supply the requested data, Minnesota law requires that it be provided before MnDOT may complete your registration, and failure to provide it may result in denial of your application.

MnDOT does not share the protected information with any other persons or entities. With some exceptions, unless you consent to further release of the private information, release of this information will be limited to the following:

- U.S. Department of Transportation, Federal Motor Carrier Safety Administration;
- Minnesota Department of Public Safety, Commercial Vehicle Section;
- Law enforcement personnel requiring access for investigative purposes;
- Staff at the Minnesota Attorney General's Office in the event of legal action; and,
- Persons who possess a court order to receive the information.

I understand that MnDOT is requesting private or confidential data about me. I give permission for MnDOT to use data about me in the way described on this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

## Motor Carrier of Property Registration Instructions

### Minnesota Statutes, section 221.0251

---

**\*\*Please complete Steps 1-11 prior to submitting your application for processing\*\***

(1) **Reason for Filing-**

**New Application** You are a new Property Carrier.

**Update/Change** Must provide any material changes to your original application.

(2) **Name of Business-**

- Your company name as it will appear on your Property Carrier Certificate of Compliance.
- Doing Business As (DBA) name. This is the name as it appears with the Secretary of State.

(3) **Type of Business Entity-**

Indicate whether the applicant's business is a sole proprietorship, partnership, corporation, limited liability partnership, or limited liability company.

(4) **Business Identification Number(s)-**

Applicant must provide the company's Minnesota business identification number and the identification numbers, if any, assigned to the company by the United States Department of Transportation, the former Interstate Commerce Commission, or the Environmental Protection Agency.

(5) **Individual Responsible for Daily Business Operations-**

Name of individual who is responsible for the day-to-day operations of the business. This will be the contact person with whom MnDOT will conduct business.

(6) **Mailing Address-**

This is the address to which MnDOT will send correspondences and should be the address on your Form E Insurance.

(7) **Physical Address-**

This is the location in Minnesota where the records will be kept for inspection and copying according to the Minnesota Rule 8880.1000.

(8) **Transportation Type-**

Indicate whether the carrier transports Hazardous Materials, Hazardous Waste, or Neither.

**Foreign Corporation** – A corporation that is organized under the laws of a state other than Minnesota that transacts business in Minnesota, is classified as a foreign corporation under Minnesota law. Please check yes if your corporation is foreign and if you are authorized to transact business in Minnesota. If you indicate **“Yes”** please provide the name and address of the authorized registered agent.

**(9) Insurance Coverage (your insurance company must submit a Form E)-**

File a Form E (sent from your insurance company's corporate office).

Have your insurance company file and maintain the required amount of insurance: not less than \$100,000/\$300,000 public liability; \$50,000 property damage.

Your insurance company (not local agent) must submit the Form E directly to our office, certifying that you have the proper coverage for operating as a Motor Carrier of Property motor carrier. **No other certificate of insurance will be accepted.**

Have your insurance company mail the Form E to:

**Minnesota Department of Transportation,  
Office of Freight and Commercial Vehicle – Credentialing Unit  
395 John Ireland Boulevard MS 420, Rm 153  
St Paul MN 55155-1800**

Or fax:

**(651) 366-3718**

**(10) Evidence of Minnesota Workers' Compensation-**

Minnesota Statutes, section 176.182 requires that every state or local licensing agency withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section [176.181, subdivision 2](#), by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner of Labor and Industry shall assess a penalty to the employer of \$2,000 payable to the commissioner for deposit in the assigned risk safety account, if the information is not reported or is falsely reported.

**(11) Signature-**

An application must be signed **only** by a corporate officer, general partner, limited liability company board member, or sole proprietor. The signature must be notarized.

**Note:** Minnesota Statutes, section 221.0251, subdivision 5, requires that a registrant notify the commissioner in writing of any change in the information provided in this application.