

Legal Company Name: _____

MnDOT#: _____

Date: _____

(Continued)

Page ___ of ___

(2) Action Add Delete Transfer Renew ↓	(3) Vehicle Year & Make REQUIRED ↓	(4) Unit Number ↓	(5) Vehicle Identification Number (VIN) REQUIRED ↓	(6) State ↓	(7) License Plate Number REQUIRED ↓	(8) Number of passengers the vehicle is designed to transport REQUIRED ↓	(9) STS Providers indicate the number of WC securements in the vehicle in the "WC" box; and, an "X" in the "S" box if the vehicle carries stretchers; and, an "X" if the vehicle is a Protected Transport vehicle			(10) List the authority type per vehicle and the required fee for each vehicle below.			(11) Total Fees Due Per Vehicle
							WC	S	PT	Authority Type	Fee	Late Fee	

If you have more vehicles, provide additional pages

(16) PAGE TOTAL AMOUNT DUE: (Transfer this amount to line 14, column 11 of page 1 'SUBTOTAL')

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Signature: _____ Title: _____ Date: _____