



Minnesota Department of Transportation
 Office of Freight and Commercial Vehicle Operations
 Transportation Permit Section
 395 John Ireland Boulevard, M.S. 420
 St. Paul, MN 55155-1899

FAX: 651/215-9677 – **PHONE:** 651/296-6000

This application is for establishing an account to charge permit fees assessed for the movement of oversized and overweight loads.

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ / _____ FAX Number: _____ / _____

USDOT Number: _____ Email Address: _____

**Credit Card Validation Security Information – Information on Card
 (All Fields Required)**

Master of Visa Credit Card Number: _____ Expiration: _____
 Mo/Yr

Name (as it appears on the card): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ / _____

3-digit Security Code: _____
 (see picture example)



NOTE: The information you provide on this form will allow you to use your registered credit card as an automatic form of payment whenever you order your Oversize/Overweight permits.

Mn/DOT Office Use Only

Date: _____

You have been assigned ACCOUNT NUMBER _____. It is advised that you keep this number confidential since you are responsible for all charges incurred.