

**SPECIAL TRANSPORTATION SERVICE (STS) BUSINESS INFORMATION FORM**

New Provider \_\_\_\_\_ Renewal \_\_\_\_\_ Updating Information \_\_\_\_\_ MnDOT # \_\_\_\_\_  
(Mark all that apply) (For renewals and updates)

**NAME OF BUSINESS** as filed with Secretary of State: \_\_\_\_\_

**Doing Business As (DBA)**, if applicable: \_\_\_\_\_

**TYPE OF BUSINESS ENTITY** (mark only one): Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ Limited Liability Partnership (LLP) \_\_\_\_\_ Limited Liability Co. (LLC) \_\_\_\_\_

**BUSINESS MAILING ADDRESS:** \_\_\_\_\_  
(street) (apt/unit) (city) (state) (zip)

\_\_\_\_\_  
(Business phone) (Business Fax) (Business email)

**BUSINESS PHYSICAL ADDRESS:** \_\_\_\_\_  
(Where records are kept) (street) (apt/unit) (city) (state) (zip)

*Is the business a foreign corporation authorized to transact business in Minnesota?* Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, provide the Name of resident agent:* \_\_\_\_\_ *Address:* \_\_\_\_\_

**INDIVIDUAL RESPONSIBLE FOR DAILY BUSINESS OPERATION:** \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Contact's Business Phone) (Alternative Phone #) (Fax Number) (Contact's Email Address)

**OWNERSHIP** (List names of corporate directors and officers, general and limited partners, LLC board members, or owners of business)

\_\_\_\_\_  
(Name ) (Title)

\_\_\_\_\_  
(Name ) (Title)

\_\_\_\_\_  
(Name ) (Title)

\_\_\_\_\_  
(Name ) (Title)

I have attached a completed and signed Workers' Compensation form. Yes \_\_\_\_\_ *The signed form must be attached.*  
I have contacted my insurance company and requested FORM E to be sent to OFCVO. Yes \_\_\_\_\_  
My insurance company requires a MnDOT # before they will send FORM E. Yes \_\_\_\_\_ No \_\_\_\_\_

I verify the information submitted is true: \_\_\_\_\_  
*Signature of corporate officer, partner, LLC board member or sole proprietor* *Date*

*To help us better serve you, please let us know the following information:*  
Company identifies as: Special Transportation Services \_\_\_\_\_ Non-emergency Medical Transportation \_\_\_\_\_ Both \_\_\_\_\_  
Would you prefer this form in a second language? What language? \_\_\_\_\_  
The best way to reach you is: Postal mail \_\_\_\_\_ Phone \_\_\_\_\_ Email (please fill in) \_\_\_\_\_





# 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
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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
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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.

## New/Renewal Vehicle Registration Application

ALL PAGES YOU SUBMIT MUST BE COMPLETE

(1) Legal Company Name \_\_\_\_\_  
 DBA \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_

MnDOT#: \_\_\_\_\_ USDOT# \_\_\_\_\_

**NOTE:**

A current vehicle inspection report for each vehicle listed under Special Transportation Service (STS), Motor Carrier of Passengers (Pass), and Limousine (Limo) authority must be provided with this application. Household Goods (HHG) and Building Mover (BHM) authority are exempt from this inspection report requirement.

**(Please see instruction page for vehicle registration requirements)**

(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	
<b># of</b>													
(12) <b>10-Day Temporary Cards</b> (Passenger and Household Goods Carriers Only)						X	\$	5.00					
(13) <b>Floater Cab Cards</b> (Household Goods, Passenger & BHM Only)						X	\$	100.00					
(14) SUBTOTALS from additional pages (zero if no additional pages)						<b>(Manually enter the totals from additional pages here)</b>							
(15) <b>TOTAL AMOUNT DUE.</b> We accept the following forms of payment: checks (made payable to <b>Commissioner of Transportation</b> ); Cash; Credit Cards allowed only in person													
Signature: _____ Title: _____ Date: _____													

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: \_\_\_\_\_

## New/Renewal Vehicle Registration Application

ALL PAGES YOU SUBMIT MUST BE COMPLETE

For Motor Carrier of Passengers, Limousine and Special Transportation Services Providers, this preprinted renewal is the only notice you will receive to renew your vehicle registrations. The vehicles listed on the form are the vehicles currently registered.

**THE LATE FEES DO NOT APPLY TO LIMOUSINE DECALS, STS DECALS, OR BUILDING HOUSE MOVER CAB CARDS**

- 1) Enter or verify the LEGAL company name (name you have registered with the Secretary of State), Doing Business As (DBA) name (if any), and BUSINESS address of applicant.  
**NOTE:** If the address has changed, you must file a change of address form; and you must also have your insurance company file an updated Form E certificate of insurance. Enter or verify your Minnesota DOT Number (MnDOT #) and your US DOT Number in the appropriate box.
- 2) **Action.** If you are adding (A) a new vehicle to your fleet; deleting (D) a vehicle from your fleet (draw a line through it); transferring (T) the cab card to a new vehicle (LIMOUSINE and STS decals CANNOT be transferred to another vehicle); or, (R) renewing the vehicle registration, indicate the action here.
- 3) Enter or Verify the Year and Make of each vehicle you wish to register.
- 4) (If Applicable) Enter or Verify Vehicle **Unit Number:** This is a number assigned by you. It can be up to 4 letters or numbers.
- 5) **VIN:** Enter or Verify the **Complete** Vehicle Identification Number (VIN).
- 6) **State:** Verify or enter the two letter STATE abbreviation that the vehicle is registered in.
- 7) **License Plate Number:** List the License Plate Number on the vehicle. (LM plates are ONLY transferable between vehicles in your name).
- 8) **Passengers:** Motor Carrier of Passenger and Limousines must list the number of passengers the vehicle is designed to transport including the driver. (Your application will be rejected without this number).
- 9) **WC:** For Special Transportation Services (STS) Providers, indicate how many wheel chair securements are in the vehicle.  
**S:** For Special Transportation Services (STS) Providers, place an 'X' in the column if the vehicle carries stretchers.  
**PT:** For Special Transportation Services (STS) Providers, place an 'X' in the column if the vehicle is certified as a "protected transport" vehicle.

- 10) **AUTHORITY Type:** List the Authority Type, i.e. Pass, STS, Limo, HHG, BHM

Motor Carrier of Passengers	Special Transportation Service Decals	Limousine Decals	Household Goods Cab Cards	Building Mover Cab Cards
\$75 per vehicle	\$45 per vehicle	\$80 per vehicle	\$75 per vehicle	\$10 per vehicle

**LATE FEE:** For HHG or Motor Carrier Passenger Authority ONLY ... If your application is late (beyond expiration of your current cab cards) enter \$5.00 per late vehicle.

- 11) **Total Fees Due Per Vehicle:** Add the fees from the FEE box and the LATE FEE Box and enter it in this column.
- 12) **10-Day Temporary:** If you are a Household Goods Carrier or a Passenger Carrier, enter the number desired. Multiply by \$5.00 and enter the total in column 11
- 13) **Floater Cab Cards:** Household Goods, Passenger & Building House Movers. If you are purchasing "Floater Cab Cards", multiple numbered desired by \$100.00. Place the total in column 11 (You MUST have at least one vehicle registered on your authority. YOU CANNOT operate only on a FLOATER)
- 14) **SUBTOTALS:** Total Fees Due from additional pages. If no additional pages, enter zero "0" in this cell.
- 15) **TOTAL AMOUNT DUE:** Total all fees listed in column 11 for vehicles.
- 16) **PAGE TOTAL AMOUNT DUE:** Use this only when additional pages are needed for registering the company's vehicles. Transfer this amount to Line 14, Column 11 of Page 1 of the Renewal/New Vehicle Registration Application. **The form must be signed by Corporate Officer, General Partner, LLC Board Member, or Sole Proprietor.**

If you need additional pages, please visit our webpage at: <http://www.dot.state.mn.us/cvo/credentials.html>. Or you may call our office at 651-215-6330 for additional pages.

- MnDOT, OFCVO Inspectors are the only inspectors authorized to complete the required annual inspection for Limousines and STS vehicles.
- Motor Carriers of Passenger: MnDOT, OFCVO Inspectors & DPS Certified Inspectors are authorized to complete the required annual inspection.
- PASS, LIMO & STS: Please include a copy of your most current vehicle inspection report (for each vehicle) along with your vehicle registration application.