

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) _____