

NOTE: Must be completed ANNUALLY.

## HOUSEHOLD GOODS MOVER PERMIT APPLICATION

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

<b>(1) REASON FOR FILING</b> (Mark only one)				
NEW APPLICATION (\$150): <input type="checkbox"/> Update/Changes (No Fee): <input type="checkbox"/> <b>NOTE:</b> Cab Cards \$75 per vehicle annually (requires vehicle registration application) (Please make check payable to The Commissioner of Transportation)				
<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> (check business type)				
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>				
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:	
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:	

**(8) OWNERSHIP** (List names of all corporate directors and officers, general and limited partners, limited liability company board members, or owners of the business. Attach additional sheets if necessary)

Name:		Title:		Phone:	
Street:		City:		State:	
Zip:					
Name:		Title:		Phone:	
Street:		City:		State:	
Zip:					
Name:		Title:		Phone:	
Street:		City:		State:	
Zip:					
Name:		Title:		Phone:	
Street:		City:		State:	
Zip:					
Name:		Title:		Phone:	
Street:		City:		State:	
Zip:					
Name:		Title:		Phone:	
Street:		City:		State:	
Zip:					

**INSURANCE COVERAGE** – No person may provide Household Goods Mover services until in compliance with proper insurance requirements.

- (9) FORM E** – Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance  
 (Minnesota Statutes, section **221.141**)
- FORM H** – Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance  
 (Minnesota Statutes, section **221.121, subdivision 4**)

**(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.

**(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: \_\_\_\_\_

**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
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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.

## **Household Goods Mover Permit Application Instructions**

### **Minnesota Statutes, section 221.121, Information required**

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\*\*Please complete Steps 1-12 prior to submitting your application for processing\*\*

(1) **Reason for filing-**

**New Application** (\$150 fee) – check this box if:

- You are a new Household Goods (HHG) mover.

**Update/Changes** (\$0 fee) – check this box if:

- You currently have an active HHG mover permit, but are making changes to the file.

(2) **Name of Business-**

**Name of Company** - the name of the company that will appear on your Household Goods Mover permit.

**Doing Business As (DBA)** – If doing business under an assumed name or fictitious name as filed 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 that is responsible for the day-to-day operations of the business. This will be the contact person with whom MnDOT will conduct business.

(6) **Applicant's Mailing Address-**

Applicant's mailing address and business phone number. This is the address to which MnDOT will send correspondence.

(7) **Physical Address-**

If different from (6), this is the location **in Minnesota** where the records will be available for inspection and copying.

**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 the 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.

(8) **OWNERSHIP-**

List name(s) titles and addresses of partners, corporate officers, names of corporate directors and officers, general partners, limited liability company board members, or owners of the applicant's business.

(9) **Insurance Coverage (Your insurance company must submit a Form E & Form H)-**

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

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

**File a Form H**

In addition to the Form E, have your insurance company file a cargo certificate of insurance or cargo bond in the amount of \$50,000. A cargo certificate of insurance must conform to Form H, Uniform Motor Cargo Certificate of Insurance, described in Code of Federal Regulations, title 49, part 1023. A cargo bond must conform to Form J, described in Code of Federal Regulations, title 49, part 1023. The cargo certificate of insurance or cargo bond must be issued in the full and correct name of the person, corporation, or partnership to whom the household goods mover permit is issued and whose operations are being insured.

Your insurance company (not local agent) must submit Form E & Form H directly to our office, certifying that you have the proper coverage for your Household Goods (HHG) Mover permit. **No other certificate of insurance will be accepted.**

Have your insurance company mail Forms E & H 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.

**Note:** Within 90 days of being issued your HHG Permit, you must:

- File and maintain, with MnDOT, a tariff showing rates and charges for transporting household goods ([Minnesota Statutes, section 221.161](#)); and,
- Complete [Initial Motor Carrier Contact \(IMCC\)](#).

## New/Renewal Vehicle Registration Application

ALL PAGES YOU SUBMIT MUST BE COMPLETE

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

**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)**

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

(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 \_\_\_

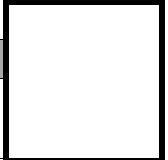
(2) Action Add Delete Transfer Renew  ↓	(3) Vehicle Year & Make  REQUIRED  ↓	(4) Unit Number  ↓	(5) Vehicle Identification Number (VIN)  REQUIRED  ↓	(6) State  ↓	(7) License Plate Number  REQUIRED  ↓	(8) Number of passengers the vehicle is designed to transport  REQUIRED  ↓	(9) STS Providers indicate 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')

\_\_\_\_\_

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 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.*