

MOTOR CARRIER OF PROPERTY REGISTRATION STATEMENT

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

(1) REASON FOR FILING (Mark only one)				
NEW APPLICATION (No Fee): <input type="checkbox"/>		Update/Changes (No Fee): <input type="checkbox"/>		
(2) NAME OF BUSINESS				
Name of Company (as it appears with the Secretary of State):		Doing Business As (DBA) Name:		
(3) TYPE OF BUSINESS ENTITY (Mark only one)				
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"/>
(4) BUSINESS IDENTIFICATION NUMBER(S)				
FEIN (or TIN)	Minnesota Business ID#	USDOT#	ICC#	MnDOT #
(5) INDIVIDUAL RESPONSIBLE FOR DAILY BUSINESS OPERATIONS				
Print Name:		Title:		
Contact Phone Number:		Alternate Phone Number/Cell:		
Fax Number:		Email Address:		
(6) MAILING ADDRESS				
Street:		City:	State:	Zip:
(7) PHYSICAL ADDRESS (Where records are kept)				
Street:		City:	State:	Zip:
(8) TRANSPORTATION TYPE (check all that apply)				
Hazardous Materials? <input type="checkbox"/>		Hazardous Waste? <input type="checkbox"/>		None of the Above <input type="checkbox"/>
Is the applicant a foreign corporation authorized to transact business in Minnesota? YES: <input type="checkbox"/> NO: <input type="checkbox"/>				
NOTE: If you answered Yes, please provide the name and address of the resident agent:				
Resident Agent Name:		Address:		
INSURANCE COVERAGE – No person may provide Property Carrier services until in compliance with the proper insurance.				
(9) FORM E – Uniform Motor Carrier bodily Injury and Property Damage Liability Certificate of Insurance (Minnesota Statutes 221.141 , Hazardous Materials/Waste refer to 49 CFR, Sections 387.7-387.9)				

(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.

Must be signed in front of a Notary Public

(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: _____

Notary Public

STATE OF MINNESOTA

County of _____

This application was acknowledged before me the _____ day of _____, 20____
Date Month Year

by _____, as the _____
Title

Notary Public

My commission expires _____

(SEAL)

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
---	---------------------------	----------------------------

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.)

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
--------------------------------	-------	------

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.

Tennessee Warning

Minn. Stat. §13.04, subd. 2

In submitting your registration for intrastate property carrier authority, you are being asked to supply information that could include private or confidential information about yourself. Specifically, you are asked to provide the Minnesota Department of Transportation (MnDOT) with your federal employer identification number. This number may also be your social security number. Minnesota Statutes, section 13.355, classifies a social security number, in whole or in part, as private data on individuals.

Before you give MnDOT permission to collect and/or release private or confidential data about you, MnDOT encourages you to review the information listed on this data privacy notice (also called a Tennessee Warning).

MnDOT is requesting your federal employer identification number as part of your registration as an intrastate property carrier, as required by Minn. Stat. s. 221.0251, subd. 1 (b)(3). This number may also be your social security number. MnDOT's Office of Freight and Commercial Vehicle Operations credentialing staff will use this information to review and process your registration, and it will become part of the carrier file maintained by MnDOT. While you may legally refuse to supply the requested data, Minnesota law requires that it be provided before MnDOT may complete your registration, and failure to provide it may result in denial of your application.

MnDOT does not share the protected information with any other persons or entities. With some exceptions, unless you consent to further release of the private information, release of this information will be limited to the following:

- U.S. Department of Transportation, Federal Motor Carrier Safety Administration;
- Minnesota Department of Public Safety, Commercial Vehicle Section;
- Law enforcement personnel requiring access for investigative purposes;
- Staff at the Minnesota Attorney General's Office in the event of legal action; and,
- Persons who possess a court order to receive the information.

I understand that MnDOT is requesting private or confidential data about me. I give permission for MnDOT to use data about me in the way described on this form.

Signature: _____

Date: _____

Name (please print): _____

Motor Carrier of Property Registration Instructions

Minnesota Statutes, section 221.0251

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

(1) **Reason for Filing-**

New Application You are a new Property Carrier.

Update/Change Must provide any material changes to your original application.

(2) **Name of Business-**

- Your company name as it will appear on your Property Carrier Certificate of Compliance.
- Doing Business As (DBA) name. This is the name as it appears 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 who is responsible for the day-to-day operations of the business. This will be the contact person with whom MnDOT will conduct business.

(6) **Mailing Address-**

This is the address to which MnDOT will send correspondences and should be the address on your Form E Insurance.

(7) **Physical Address-**

This is the location in Minnesota where the records will be kept for inspection and copying according to the Minnesota Rule 8880.1000.

(8) **Transportation Type-**

Indicate whether the carrier transports Hazardous Materials, Hazardous Waste, or Neither.

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 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.

(9) Insurance Coverage (your insurance company must submit a Form E)-

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

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

Your insurance company (not local agent) must submit the Form E directly to our office, certifying that you have the proper coverage for operating as a Motor Carrier of Property motor carrier. **No other certificate of insurance will be accepted.**

Have your insurance company mail the Form E 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. The signature must be notarized.

Note: Minnesota Statutes, section 221.0251, subdivision 5, requires that a registrant notify the commissioner in writing of any change in the information provided in this application.