

Vehicle Registration

For new operators and annual renewals

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