

## SPECIAL TRANSPORTATION SERVICE DRIVER INFORMATION FORM

NAME OF BUSINESS: \_\_\_\_\_ MnDOT #: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

CONTACT INFORMATION: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

**DRIVER INFORMATION REQUIRED**

Answer with Yes or No

DRIVER'S NAME Last Name, First Name	ADDRESS	Complies with standards in 8840.5100 - 8840.6300* See note below.

\*Details of MN Rule 8840.5100 to 8840.6300 can be found on-line at <https://www.revisor.mn.gov/rules>. See the brochure, "How to Access STS Regulations".

I have initiated a NETStudy 2.0 background study on each driver with Department of Human Services (DHS). Yes \_\_\_\_\_

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

An applicant or provider shall notify MnDOT in writing of any change in its application information within ten days of the change.

### SPECIAL TRANSPORTATION SERVICE **ADDITIONAL DRIVERS INFORMATION FORM**

NAME OF BUSINESS: \_\_\_\_\_ MnDOT #: \_\_\_\_\_

**DRIVER INFORMATION REQUIRED**

Answer with Yes or No

DRIVER'S NAME Last name, First name	ADDRESS	Complies with standards in 8840.5100 - 8840.6300* <i>See note.</i>

**An applicant or provider shall notify MnDOT in writing of any change in its application information within ten days of the change.**