



Trucking Entity Type (check MTO or ITO):

MTO (Multiple Truck Owner / Broker)

<input type="checkbox"/> ITO (Independent Truck Owner/Operator) Operator Name: _____ Truck Type: _____ License Plate Number: _____ Truck/Unit Number: _____	<p style="background-color: yellow; text-align: center;">Include a <u>COPY</u> of the items below</p> <ol style="list-style-type: none"> 1. CDL (Commercial Driver’s License) 2. Certificate of Liability Insurance 3. Title or Lease Agreement
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Trucking Entity Identification Numbers:

Federal Tax ID Number: _____ OR (sole owner/proprietor) SSN _____
 Federal USDOT Number: _____
 MN SWIFT/Vendor Number: _____
 MN Tax ID Number: _____ OR Exempt (refer to [MN Revenue](#))
 MN Secretary of State File #: _____ OR Exempt (refer to [MN Secretary of State](#))
 MN Unemployment Account #: _____ OR Exempt (refer to [Sec. 268.035 MN Statutes](#))
 MN Workers’ Comp Policy #: _____ OR Exempt (refer to [Sec. 176.041 MN Statutes](#))

Company Type: Corporation LLC Joint Venture Partnership Sole Proprietor/Independent Contractor

Company Certification(s): DBE TGB VET NONE

Trucking Entity Contact Information:

Company Full Legal Name: _____
 Doing Business As (if different): _____
 Street Address: _____ PO Box Number: _____ PO Box Zip Code: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Telephone Number: _____ Fax Number: _____
 Company E-Mail Address _____ (for MnDOT emails)
 Company Website Address (if applicable): _____

Trucking Entity Officers, Phone numbers, and Email Addresses:

Owner: _____ Email Address: _____
 Phone Number: _____
 Payroll Manager: _____ Email Address: _____
 Phone Number: _____
 DBE Compliance Officer: _____ Email Address: _____
 Phone Number: _____
 EEO Officer: _____ Email Address: _____
 Phone Number: _____
 Other (Name & Title): _____ Email Address: _____
 Phone Number: _____

Signature:

I, the undersigned, attest that the information provided is truthful and accurate and that I’m a legal officer of the aforementioned company. By signing you are also acknowledging that you read the data privacy notice (also called a Tennessee Warning) page 3 of this document and found at <https://www.dot.state.mn.us/const/labor/forms.html#monthendtrucking> .

Name (print): _____ Signature: _____ Date: _____.

Instructional Guide for Completing the Trucking Entity Vendor Form (1-15-2022 Page 2 of 3)

Submission	<p>Electronic: complete all applicable fields, scan and email the form to: lcusupport.dot@state.mn.us</p> <p>Facsimile: complete all applicable fields and fax to (651) 366-4249.</p> <p>US Mail: complete all applicable fields and mail to: MnDOT LCU Support, Mail Stop 650, 395 John Ireland Boulevard, Saint Paul, MN 55155-1899.</p>
Trucking Entity Type	<p>MTO: The vendor/company is a broker or has multiple trucks (units) registered with the Federal Motor Carrier Safety Administration (FMCSA). Check the “MTO (Multiple Truck Owner)” box.</p> <p>ITO: The vendor/company is owned by one individual, and one truck is operated by that individual. Check the “ITO (Independent Truck Owner/Operator)” box.</p> <p>A vendor/company can access FMCSA account information by visiting: SAFER Web - Company Snapshot (dot.gov)</p>
Trucking Entity Identification Numbers	<p>Federal Tax ID Number or Social Security Number (SSN): A unique number assigned by the Internal Revenue Service (IRS) to an individual, firm or corporation for federal tax withholding purposes. To determine whether a federal tax ID number is needed, refer to: Employer ID Numbers Internal Revenue Service (irs.gov). An ITO may use his/her social security number.</p> <p>Federal USDOT Number: A unique number assigned by the US DOT Federal Motor Carrier Safety Administration to a person or business entity that is hauling cargo or passengers in interstate or intrastate commerce. A vendor/company can access FMCSA account information by visiting: SAFER Web - Company Snapshot (dot.gov)</p> <p>MN SWIFT/Vendor Number: A unique number assigned by Minnesota Management and Budget (MMB) to an individual, firm or corporation that provides direct or indirect services to the State. This number is obtained by registering with MMB. Please contact MMB at (651) 201-8106 or by visiting: SWIFT Vendor Resources / Minnesota Management and Budget (MMB) (mn.gov)</p> <p>MN Tax ID Number: A unique number assigned by the Minnesota Department of Revenue to an individual, firm or corporation for state tax withholding purposes. If exempt, check the “Exempt (refer to Minnesota Department of Revenue (state.mn.us) website)” box.</p> <p>MN Secretary of State File Number: A unique number assigned by the Minnesota Secretary of State to a business entity that is conducting business in the state of Minnesota. If exempt, check the “Exempt (refer to MN Secretary of State website)” box. Out of state contractors, please review the link about Foreign Corporations, Minnesota Statutes, Sec. 303.03.</p> <p>MN Unemployment Account Number: A unique number assigned by the Minnesota Department of Employment and Economic Development (MnDEED) to a business entity that employs workers. Unemployment insurance provides temporary, partial wage replacement to workers who lose their job through no fault of their own. To determine if the company is exempt or excluded, please review Minnesota Statutes, Sec. 268.035, Subd. 20 or contact the MnDEED at (651) 556-8425. If exempt, check the “Exempt (pursuant to M.S. § 268.035, Subd. 20)” box.</p> <p>MN Worker’s Compensation Policy Number: A unique number assigned by an insurance provider, which is then provided by the vendor/company to the Minnesota Department of Labor and Industry (MnDLI). Workers’ Compensation insurance provides benefits, health care costs, lost wages when workers are hurt on the job. To determine if the company is exempt or excluded, please review Minnesota Statutes, Sec. 176.041, Subd. 1 or contact the MnDLI at (651) 284-5032. If exempt, check the “Exempt (pursuant with M.S. § 176.041, Subd. 1)” box.</p>
Company Type	Check the appropriate box based on the company’s filing with the Minnesota Secretary of State.
Company Certifications	If you have been verified as a DBE, TGB, VET
Trucking Entity Contact Information	Provide all applicable contact information. Company Email Address will be used for confirmation of Request to sublet
Trucking Entity Officers & Email Addresses	At a minimum, provide the Owner, DBE Compliance Officer, EEO Officer and Payroll Manager’s names, phone numbers, and email addresses. Other officer contact information is important, but not required.
Signature	Print name, sign and date.



Data Privacy Notice (Tennessee Warning)

In submitting this vendor form to the Minnesota Department of Transportation, you are being asked to provide your federal tax identification number, which may be your Social Security number if you are a sole proprietor. Your Social Security number, in whole or in part, is private data under Minnesota Statutes, section 13.355. Before you give MnDOT permission to collect and/or release private data about you, please review the information listed on this data privacy notice (also called a Tennessee Warning).

Under Minnesota Statutes, section 16C.285, subdivisions 2 and 3, a subcontractor or motor carrier on a MnDOT construction contract must meet minimum criteria to be eligible to be awarded a subcontract regardless of the value of the subcontract. The minimum criteria includes having a valid federal tax identification number or a valid Social Security number if an individual. While you may legally refuse to supply Social Security number data, MnDOT employees need one of the two kinds of federal tax identification number in order to verify your status as a responsible contractor and process your vendor form. Your Social Security information may also be accessible to anyone you specifically authorize, pursuant to courts order, and by any other person or entity authorized by state or federal law (e.g., Attorney General's Office, Legislative Auditor's Office, and law enforcement agencies).