

NOTE: Must be completed ANNUALLY.

SPECIAL TRANSPORTATION SERVICE (STS) BUSINESS INFORMATION FORM

Note: If you wish to operate as an intrastate special transportation service provider, you must first apply for a USDOT Number www.fmcsa.dot.gov/registration

(Print a copy of your online filing and submit that copy with your completed application.)

1) REASON FOR FILING (Mark only one)					
New: <input type="checkbox"/>		Annual Renewal: <input type="checkbox"/>		Update/Change: <input type="checkbox"/>	
2) 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"/>	Government <input type="checkbox"/>
3) BUSINESS IDENTIFICATION NUMBER(S)					
MnDOT #:			USDOT #:		
4) NAME OF BUSINESS					
Name of Company (as filed with the Secretary of State):			Doing Business As (DBA) Name:		
5) PHYSICAL ADDRESS					
Street:		City:	State:	Zip:	
6) MAILING ADDRESS					
Street:		City:	State:	Zip:	
7) IF PHYSICAL ADDRESS IS NOT LOCATED IN MINNESOTA, THE LOCATION WHERE THE RECORDS REQUIRED BY PART 8840.6100 WILL BE AVAILABLE FOR INSPECTION AND COPYING					
Street:		City:	State:	Zip:	
8) INDIVIDUAL RESPONSIBLE FOR DAILY BUSINESS OPERATIONS					
Print Name:			Title:		
Business Phone Number:			Alternate Phone Number:		
Facsimile (Fax) Number:			Email Address:		

9) IS THE APPLICANT A FOREIGN BUSINESS 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:			
Print Name:			
Street:	City:	State:	Zip:
10) HAVE YOU OR ANY OF YOUR CORPORATE DIRECTORS OR OFFICERS, GENERAL AND LIMITED PARTNERS, LIMITED LIABILITY COMPANY BOARD MEMBERS, OR OWNERS HELD (OR CURRENTLY HOLD) A CERTIFICATE OF COMPLIANCE			
YES: <input type="checkbox"/> NO: <input type="checkbox"/>			
NOTE: If you answered Yes , please provide the name of the individual and the number of the applicable certificate:			
Print Name:		Certificate number:	
Print Name:		Certificate number:	
Print Name:		Certificate number:	
Print Name:		Certificate number:	
11) TYPE OF PASSENGERS SERVED			
ELDERLY: <input type="checkbox"/>		DISABLED: <input type="checkbox"/>	
		BOTH: <input type="checkbox"/>	
12) LIST ANY ORGANIZATIONS YOU HAVE AN AGREEMENT WITH TO PROVIDE SPECIAL TRANSPORTATION SERVICE			
Name of organization:		Name of organization:	
Name of organization:		Name of organization:	
Name of organization:		Name of organization:	
Name of organization:		Name of organization:	
INSURANCE COVERAGE – No person may provide intrastate Special Transportation Services until the person complies with the insurance requirements.			
13) FORM E – "Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance" Under Code of Federal Regulations, Title 49, Part 1023, Appendix (1992) (MINNESOTA RULES 8840.5500 AND 8840.6000)			
My Insurance Company Requires a MnDOT# before they will send a Form E. YES: <input type="checkbox"/> NO: <input type="checkbox"/>			

14) 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.

15) 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 within ten days of the change 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: _____

(Must be signed by a corporate director or officer, general or limited partner, LLC board member or sole proprietor)

Company Name (Please Print): _____

Print Name: _____ Print Title: _____ Date: _____

To help us better serve you, please let us know the following information:

Company identifies as: Special Transportation Services: Non-emergency Medical Transportation: Both:

Would you prefer this form in a second language? What language? _____

The best way to reach you is: Postal mail Phone: Email: