Office of Freight and Commercial Vehicle
Operations 395 John Ireland Blvd.,
Mail Stop 420
St. Paul, MN 55155

SPECIAL TRANSPORTATION SERVICE DRIVER INFORMATION FORM

NAME OF BUSINESS: _____ **MnDOT #:**_____

DRIVER INFORMATION REQUIRED | **Answer with Yes or No**

DRIVER'S NAME Last Name, First Name	ADDRESS	DRIVER LICENSE NUMBER	MEETS STANDARDS*	ENROLLED IN NETSTUDY*

*By answering yes, you are certifying that the driver meets the standards in MN Rule 8840.5100 to 8840.6300 and MN Statute 174.30. Details of these rules can be found on-line at https://www.revisor.mn.gov/rules. See the brochure, "How to Access STS Regulations".

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.