



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

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OFFICE USE ONLY	
DEALER NUMBER:	_____
DATE RECEIVED:	_____
COUNTY:	_____
AREA:	_____
INITIALS:	_____

Certification of Compliance with Minnesota Worker's Compensation Law

This certification must accompany an application for a Minnesota Motor Vehicle Dealer's License

Minnesota Statutes, section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant certifies that they are in compliance with the workers' compensation coverage requirements outlined in section 176.

If the required information is not provided or is falsely stated it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

You are required to fill the below portion out.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or Certificate Number (if Applicable)	Business Telephone Number	Alternate Telephone Number	
Dealership Name			
DBA ("doing business as" or "also known as" an assumed name,) if applicable:			
Business address (must be physical street address, no P.O. Boxes)	City	State	Zip code
County	Email Address		

Workers' Compensation Insurance Policy Information

Insurance Company Name (Not the insurance agent)	NAIC Number	
Policy Number	Effective Date	Expiration Date

Exemption

I am not required to have workers' compensation liability coverage because (please check one):

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured (attach permit to self insure).
- I have no employees who are covered by the workers' compensation law (spouse, parents, children)

I certify that the information provided above is accurate and complete. I understand that if I have employees (who are not a spouse, parent, or child), valid workers' compensation policy will be kept in effect at all times as required by law.

Print Name:		
Applicant Signature (Required):	Title:	Date:

Note: You must notify the authority issuing your license is there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.