



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
 DRIVER AND VEHICLE SERVICES
 445 Minnesota Street
 Saint Paul, MN 55101-5186
 Phone: (651) 201-7800 Fax: (651) 297-1480
 Web: dvs.dps.mn.gov
 Email: DVS.DealerQuestion@state.mn.us

OFFICE USE ONLY

DRW NUMBER: _____
DATE RECEIVED: _____
INITIALS: _____
AREA: 00

Drive-Away/In-transit License Application

- Your insurance agent must complete the insurance endorsement on the reverse side of this form, or submit a copy of the policy with the required limits of liability (see reverse side for required limits of liability).
- Fees must accompany application. Please note that the fees are not refundable.
- Applicants are required to have a physical location in Minnesota.
- *Owners/Officers listed must provide a photocopy of their driver's license at the time this application is submitted.*

TYPE OF OWNERSHIP – please check one

Individual Partnership Corporation L.L.C.

FIRM NAME: _____

Street _____

City _____ State _____ Zip code _____ County _____

Business Phone Number _____ Business Email _____

Minnesota Business (Tax) ID number _____

NAMES OF OWNER/OFFICERS

**Social Security numbers and Minnesota Tax ID numbers required under M.S. 270C.72*

1. _____

Social Security number: _____
 Minnesota DL/ID Number: _____ Date of Birth:

3. _____

Social Security number: _____
 Minnesota DL/ID Number: _____ Date of Birth:

2. _____

Social Security number: _____
 Minnesota DL/ID Number: _____ Date of Birth:

4. _____

Social Security number: _____
 Minnesota DL/ID Number: _____ Date of Birth:

One of the owners or officers named on this application must sign.

I, hereby make this application for a drive-away in-transit license in Minnesota as provided by Minnesota Statutes, section 168.053, and ensure that this firm will insure and operate the vehicles in accordance with regulations prescribed by Minnesota laws.

X _____

Subscribed and sworn to before me this day of _____ 20 ____
 NOTARY PUBLIC _____
 COUNTY _____
 MY COMMISSION EXPIRES _____

NOTE: You must provide yearly proof of insurance, such as a copy of insurance policy. Failure to submit proof of insurance could result in the cancellation of your drive-away in-transit license.

Fee Type	Fee
Annual License Fee <i>(1 plate included)</i>	\$250
Additional Plates (\$16 each)	\$
Total Due	\$

Drive-Away/In-Transit License Public Liability and Property Damage Insurance Endorsement

Attached to and forming part of insurance policy, number: _____

Effective Dates: _____ to _____

Issued by (Agent's Name): _____

Of (Insurance Company Name): _____

To (Owner): _____

Of (Insured): _____

The policy to which this endorsement is attached is written in pursuance of and is to be construed in accordance with the laws of the State of Minnesota. The purpose of the endorsement is to make certain the liability of the insurer for damage to person or property to the extent required by Minnesota Statutes, section 168.054, due to any negligence of the insured operating under Minnesota Statutes, section 168.053.

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer agrees to pay to the judgment creditor any final judgment rendered against the insured within the limits set forth in the schedule shown below. Upon its failure to pay any such final judgment, the insurer further agrees such judgment creditor may maintain an action against the insurer in any court of competent jurisdiction to enforce such judgment.

Anything in the policy to which this endorsement is attached or in any other endorsement thereon or attached thereto in conflict with or contrary to the provision so this endorsement so far as they may adversely affect the rights of one injured to his person or property shall be deemed to be inapplicable.

The policy to which this endorsement is attached shall not be terminated by cancellation unless written notice expressing intent to cancel by insurer is given to and received by the Minnesota Department of Public Safety, Driver and Vehicle Services Division, 445 Minnesota Street, suite 186, St. Paul, Minnesota 55101-5186, fifteen days prior to such cancellation.

SCHEDULE

On each motor vehicle operated, used or transported in the business of the insured as described above, the limit of the insurer's liability shall be in the amount of \$10,000 because of bodily injury to or death of one person in any one accident, and subject to said limit for one person, in the amount of \$100,000 because of bodily injury to or death of two or more persons in any one accident, and in the amount of \$5,000 because of injury to or destruction of property of others in any one accident.

Countersigned at: _____

By: _____ Date: _____

(Signature of Authorized Insurance Company Agent)