MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES
445 Minnesota Street
Saint Paul, MN 55101-5188
Phone: (651) 205-4141 TTY: (651) 282-6555 Fax: (651) 797-1187
Web: dvs.dps.mn.gov
Email: DVS.Prorate@state.mn.us

Print Form

Office Use Only
Permit Number

Minnesota Temporary Registration / Fuel Permit Application

All Fields Required, unless marked **, *required if applicable*

Section I - Type of Permit Being Requested

Permit(s) requesting: _____

EFFECTIVE DATE

Check the box for for the permit(s) you are requesting.

☐ **120 Hour Trip Permit** ($15, plus $10 filing fee) - One permit per vehicle every 30 days; issued up to 80,000 lbs.

☐ **120 Hour Fuel Trip Permit** ($25, no filing fee) - No limit to the number of permits issued.

☐ **120 Hour Unladen Weight Hunters Permit** ($10 filing fee only) - Effective date is the date of issuance; certain restrictions apply.

☐ **Temporary Weight Increase** ($4.17 per ton per 30 days, rounded to the nearest whole dollar, plus $10 filing fee)

****Select temporary weight increase duration:** ☐ **30 DAYS** ☐ **60 DAYS** ☐ **90 DAYS**

****Beginning Minnesota Registered Weight:** _____ ****Increase to:** _____

NOTE: A temporary weight increase ***does not*** replace the requirements for an overweight permit authorized by MnDOT and/or local road authority.

☐ **Base Plate Permit** (See page 2 for registration fees based on duration, weight & model year of vehicle, plus $10 filing fee)

****Select base plate permit duration:** ☐ **30 DAYS** ☐ **60 DAYS** ☐ **90 DAYS**

****Registered weight being requested on permit:** _____

Section II - Vehicle Information

Vehicle Identification Number: _____ Model Year: _____ Make: _____

Select type of vehicle: ☐ Truck tractor ☐ Truck ☐ Bus

**License Plate Number: _____ Jurisdiction: _____ Gross weight in pounds: _____

****If applying for Unladen Weight Hunters permit, indicate the most recent Minnesota IRP plate**

Number of axles: _____ USDOT Number: _____ (not required to be submitted for fuel or Unladed Weight Hunters permit)

**If no plate number provided, please indicate reason: _____

****Indicate those that apply:**

☐ I am verifying that the vehicle is less than 26,001 pounds while conducting Intrastate travel in Minnesota (verification is required if applying for Trip or Base Plate permit)

☐ Vehicle listed above is not required to provide USDOT number as it is registered in the MN farm class, displays a MN farm plate, only traveling within the state of Minnesota and not doing any Interstate movement as defined by the Federal Motor Carrier Safety Administration.

Section III - Registered Owner and Contact Information

Name (first, middle, last): _____

Street address: _____ City: _____ State: _____ Zip code: _____

Contact information required for DVS to contact you with questions or issues regarding processing of the permit.

Contact Name: _____ Contact Phone Number: _____

Fax Permit to: _____ ***OR*** **Email Permit to:** _____

Fax number or email address must be provided in order to receive credentials

Section IV: Data Privacy Statement

DATA PRIVACY STATEMENT:

Information collected to issue this permit is used to:

- Identify the owner of the vehicle
- Identify the person applying for the permit
- Identify the motor vehicle to which the permit is issued

You are not required to submit the information. However, if you do not submit the information the Department of Public Safety cannot issue a vehicle permit. Personal information (name and address of individuals) is classified as private data. The Department of Public Safety releases this information only as authorized or required by state and federal law. Access to motor vehicle records is governed by:

- Minnesota Statues, chapter 168.346
- United States code title 18, sections 2721-2725 and Minnesota Statues, chapter 13

Section V: Fees

Request by fax must have a properly completed Electronic Funds Authorization form attached along with a copy of a voided check. Please contact Driver and Vehicle Services if you have any questions on payment

Permit Fees are listed on page one with the exception of the Base Plate Permit:

Base plate permit is a $10 filing plus the monthly registration fees listed below.

GVW IN POUNDS	FIRST 7 MODEL YEARS	8th MODEL YEAR	9th MODEL YEAR & OLDER
12,000 - 15,000	$10	$10	$8
15,001 - 18,000	$12	$12	$9
18,001 - 21,000	$16	$15	$12
21,001 - 26,000	$23	$22	$17
26,001 - 33,000	$30	$29	$23
33,001 - 39,000	$40	$38	$30
39,001 - 45,000	$50	$48	$37
45,001 - 51,000	$60	$57	$45
51,001 - 57,000	$72	$69	$54
57,001 - 63,000	$85	$81	$64
63,001 - 69,000	$99	$95	$74
69,001 - 73,280	$110	$106	$83
73,281 - 78,000	$133	$127	$100
78,001 - 80,000	$147	$141	$110

Over 80,000 pounds; +4.17 per ton, per month (rounded to the nearest whole dollar)

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Electronic Funds Transfer (EFT) Authorization

- No Canadian Bank transfers; United States bank transfers only.
- **To be completed by authorized signer, only.**
- This is a **one time authorization**, not to be used for future transactions.
- **If a fraud filter is on file with your bank, please notify your bank of the following company ID number:**
  DVS Fees: G416007162
  U.S. Bank: E987654321

Indicate appropriate fees to be paid, the dollar amount authorized to be deducted from your bank account and the vehicle identification number for the vehicle the fees are being applied to.

SELECT ONE:

☐ IRP/IFTA fees for account number: _____

or

☐ Temporary registration or fuel permit fees

Vehicle Identification Number on permit: _____

Fee amount authorized to be deducted: _____ Plus $1.50 EFT/ACH service fee payable to U.S. Bank

A $30 service charge is assessed on dishonored payments (Minn. Stat. section 604.112-113, Subd. 2)

Dishonored payments may result in suspension and/or revocation of your registration and the requirement of future payments to be in the form of certified funds.

INFORMATION REQUIRED TO PROCESS EFT

Print bank account name (name printed on check) **and provide copy of a voided check for bank account verification.**

Name: _____

I certify that I am an authorized signer on the bank account listed below, with the authority to grant this authorization on behalf of the bank account holder. I authorize Minnesota Department of Public Safety to initiate a one-time electronic debit entry to the account in payment of the current taxes due. Once fees have been paid the payment cannot be cancelled.

Bank account authorized signature: _____ Date: _____

EFT/ACH Debit Bank Information

Contact Information:

First Name: _____ Last Name: _____

Company: _____ Phone Number: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Payment Information:

Bank name: _____

Select account type: ☐ Checking ☐ Savings Is this a business account? ☐ Yes ☐ No

Bank 9-digit routing number: _____ Bank account number: _____

Print Full Name of Authorized Signer: _____
(person signing to authorize fees to be deducted)