



Minnesota Department of Public Safety
Driver and Vehicle Services
445 Minnesota St., Suite 186
St. Paul, MN 55101-5186
dvs.dealerquestion@state.mn.us
drive.mn.gov

OFFICE USE ONLY

DEALER NUMBER: _____

DATE RECEIVED: _____

INITIALS: _____

Certification of compliance with Minnesota workers' 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.

Note: You must notify Driver and Vehicle Services (DVS) if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form.

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.

Dealer information

You are required to complete this section.

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 phone number	Alternate phone 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 (select one):

- ☐ I have no employees. (See [Minnesota Statutes section 176.011, subd. 9](#) for the definition of an employee.)
- ☐ I am self-insured (attach permit to self insure).
- ☐ My spouse, parent, or child is an employee and is exempt under the workers' compensation law.

List employees exempt from workers' compensation law (attach additional pages if necessary):

Print first, middle and last name	Date of birth	Relationship to owner or officer
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The information requested is collected to administer dealer licensing requirements under Minnesota law. The information will be maintained in accordance with the Minnesota Government Data Practices Act.

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