2025 Minnesota Department of Public Safety – State Patrol Division 2025

MANDATORY INSPECTION PROGRAM DECAL ORDER FORM

Separate forms are required for each year of decals ordered. This form is only valid for the sale of **2025** decals. ***Decals are not refundable or exchangeable. Please order carefully.***

Office Use Only

Beginning Decal # _____ Ending Decal # _____

Date Issued _____ Issued by _____

STEP 1: INDICATE THE NUMBER OF DECALS REQUESTED

How many decals do you want to purchase?_____

Total due for decals $_____ *(Decals are **$2.00 each**)*

STEP 2: INDICATE METHOD OF PAYMENT

faster ↕ *slower*

☐ **Cash** or **Check** → **DO NOT attach check stubs or staple to orders!**
Make checks payable to **STATE OF MINNESOTA**.

☐ **Credit Card** → Credit card orders require an email address. **You will receive an email from our US Bank payment processor containing a link to securely enter your payment information.** Once the email is sent, you will have only **24 hours** to complete the transaction. **If you fail to complete the transaction within the time frame, your order will NOT be processed.** To try again, you must place a new order. To avoid this situation, please check your email frequently. You WILL be charged a service fee. Print your email address **legibly** below.

Email address : _____
(Required only for credit card orders)

STEP 3: SIGN NAME AND INDICATE RETURN MAILING ADDRESS

- It is hereby agreed this inspector will recognize the critical criteria established by the State Patrol Division of the Department of Public Safety, and shall place decals only upon vehicles that have passed inspection as provided by law.
- Should it ever be determined this inspector has issued decals without regard to all provisions set forth in 49 CFR 396.17 and MS 169.781, the privileges of performing certified inspections may be revoked.
- Decals listed below are to be used only by the inspector who has signed this form. Use by any other person is strictly prohibited.

Agreed by:

_____ _____
Certified Inspector's Signature Date Inspector Certification Number

_____ _____
Print Inspector Name Phone Number

Mail this completed order form and payment *(or for credit card payments, your email address)* ***to:***

You MUST complete the required fields BELOW

MN State Patrol Commercial Vehicle Section
1110 Centre Pointe Curve #410
Mendota Heights, MN 55120

Company Name _____
Address _____
City _____ State Zip