

APPLICATION FOR HOUSEHOLD GOODS CARRIER PERMIT

North Dakota Department of Transportation, Motor Vehicle
SFN 10539 (4-2016)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Fax (701) 328-1487
Website: <https://dot.nd.gov>

TO BE COMPLETED BY THE APPLICANT

Company Name		Federal Employment ID Number	
Mailing Address	City	State	ZIP Code
Contact Name		Telephone Number	

INSTRUCTIONS:

1. Check what type of application you are submitting (check only one).
2. Fill in business name (as it is registered with the Secretary of State) and business telephone number.
3. Fill in business mailing address.
4. Application must be signed and dated.
5. Checks made payable to NDDOT.

New Application (\$100.00)

REQUIREMENTS FOR NEW APPLICATION

1. Return this application (SFN 10539).
2. Proof of liability insurance.
3. Proof of Workers Compensation insurance coverage or an affidavit of nonemployment.
4. Proof of registration with the Secretary of State.

Renewal of Certificate (\$35.00)

REQUIREMENTS FOR RENEWAL

1. Return this application (SFN 10539).
2. Proof of liability insurance.

Applicant Name	
Applicant Signature	Date