

# APPLICATION FOR HOUSEHOLD GOODS CARRIER PERMIT

North Dakota Department of Transportation, Motor Vehicle  
SFN 10539 (4-2019)

MOTOR CARRIER  
ND DEPT OF TRANSPORTATION  
608 E BOULEVARD AVE, SUITE 103  
BISMARCK ND 58505-0791  
Telephone (701) 328-1287  
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