

Minnesota Department of Public Safety – State Patrol Division
MANDATORY INSPECTION PROGRAM DECAL ORDER FORM

Fill out information to the right. →

Please type or print your name and mailing address legibly. Please provide unattached return label(s).

Company Name _____

Mailing Address _____

Company Telephone Number _____

City _____ State _____ Zip Code _____

Decals are available for the current year and one preceding year. Decals for the following year will be available beginning December 1. **Decals are not refundable or exchangeable. Please order carefully.** Decals are \$2.00 each.

What year decals do you want to purchase? _____

How many decals do you want to purchase? _____

Total due for decals \$ _____ (Do not include credit card fee.)

Make check payable to **STATE OF MINNESOTA.** (Please do not attach check stub or staple to orders)

Mail order form and remittance to: MN State Patrol Commercial Vehicle Section
1110 Centre Pointe Curve #410
Mendota Heights, MN 55120

If you have any questions about the decal order, please call the Minnesota State Patrol at (651)350-2000.

Credit Card Orders: For your security, we do not accept credit card orders by e-mail or fax. Please mail your order to the above address. A service charge of \$4.50 is assessed for each credit card order. **On Orders for multiple inspectors - the card number only needs to be entered on the top form.**

Credit Card Number _____ Month/Year _____

- 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 _____

Company Name _____

For Office Use Only

Beginning Decal # _____

Ending Decal # _____

Transaction Type: CC _____ Check _____ Cash _____

Date Issued _____

Issued by _____