

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services  
 PO Box 64227  
 St. Paul, MN 55164-0227  
 Phone: (651) 284-5031  
 TTY/MRS: (651) 297-4198  
 E-mail: DLI.License@state.mn.us  
 www.dli.mn.gov

**This form is for NEW APPLICANTS ONLY**

## Unlicensed Registration as an Electrical Workers, Elevator Constructor, Power Limited Technician

**Items with \* are required to process your application.**

Depositing of this registration fee does not constitute granting of the registration applied for. This application will not be approved and the registration applied for will not be renewed or issued unless all of the conditions identified on this application and in M.S. §§ 326B.31 and 326B.33 and Minn. Rules, Chapter 3800 are complied with. Checks returned for nonpayment will be charged a \$30 fee (M.S. 604.113, subd. 2.)

Please PRINT IN INK or TYPE your responses.  
 Unreadable or illegible applications will be denied.

Make check or money order payable to **Department of Labor and Industry,**  
**CASH IS NOT ACCEPTED BY MAIL OR WALK-IN.**

**License Fee Surcharge** – The 2009 Minnesota Legislature assessed a \$5 or 10% surcharge, whichever is greater, on licenses to cover costs of building the Statewide Electronic Licensing System. The license fee includes this surcharge.

**DATA PRACTICES NOTICE**

Before a registration card is issued to you, M.S. § 270C.72, subd 4, requires you to provide your social security number. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under M.S. § 13.41, the information that you provide on this application, except for your name, and address is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Once you are registered, the information (except for your social security number) becomes public data and will be part of the agency's permanent records.

			SOCIAL SECURITY NUMBER*		DATE OF BIRTH*	
LAST NAME*			FIRST NAME*		MIDDLE INITIAL	
PERSONAL PHYSICAL ADDRESS*				PERSONAL MAILING ADDRESS (if different)		
CITY		STATE	ZIP CODE	CITY		STATE ZIP CODE
HOME PHONE # (include area code)		WORK PHONE # (include area code)		EMPLOYER NAME		
I VERIFY THAT ALL INFORMATION IS CORRECT.* (SIGNATURE OF APPLICANT)						DATE*

\$20  RE Unlicensed Electrician                      \$20  RT Unlicensed Power Limited Technician  
 \$20  RM Unlicensed Maintenance Electrician            \$20  RC Unlicensed Elevator Constructor

**Office Use Only**

**REASON(S) DENIED:**

WRS = WRONG SIGNATURE                      ILL = ILLEGIBLE OR UNREADABLE                      NOA = NO APPLICATION SUBMITTED  
 NOS = NO SIGNATURE ON APPLICATION            NOF = NO FEE SUBMITTED                      CIP = COMPLETED IN PENCIL  
 OTH = OTHER

Registration Number	Application Number	Date Paid	Amount Paid
Check Number	Money Order Number	Interagency Payment	Billing Code

**4572**

**This material can be provided in different forms, such as large print, Braille or audiotape. To request call (651) 284-5080 or TDD (651) 297-4198.**