



CC0195

E-mail: [DLI.BusinessLicense@state.mn.us](mailto:DLI.BusinessLicense@state.mn.us)  
 Web Site: [www.dli.mn.gov/cclid.asp](http://www.dli.mn.gov/cclid.asp)  
 Phone: (651) 284-5034

## Manufactured Home Installer License Renewal

**LICENSE FEES = \$363.00**

**MAKE CHECK OR MONEY ORDER PAYABLE TO:  
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

**Per MS 326B.092; Subd. 3, a \$100 late fee is due if the renewal is received by DLI or is incomplete after the expiration date.**

**LICENSE FEES ARE NONREFUNDABLE**  
Depositing of license fee does not constitute granting of the license applied for.

**PRINT IN INK OR TYPE**  
**MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS**

SPACE IN BOX FOR OFFICE USE ONLY	
<b>Account Numbers</b> License      632422	<b>STK</b> License      B42RCLIC
<b>Check Number</b>	<b>Amount Paid</b>
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	<b>DLI Deposit Date</b>
<b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	

**DID YOUR LEGAL BUSINESS STRUCTURE CHANGE? If YES, you must submit a new application.**

<b>LICENSE NUMBER (MI#)</b>	<b>FEDERAL TAX ID (FEIN)</b>	<b>STATE TAX ID</b>
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**LEGAL BUSINESS NAME OF CONTRACTOR** (Individual name only if no company name used)

**DBA NAME** (Doing business as name / assumed name – if applicable)

<b>BUSINESS PHONE NUMBER (public)</b>	<b>OTHER TELEPHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>
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<b>PHYSICAL BUSINESS ADDRESS</b> (PO Box Not acceptable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>ONLINE</b>
				<input type="checkbox"/>

<b>BUSINESS MAILING ADDRESS</b> (PO Box is acceptable) (if applicable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>ONLINE</b>
				<input type="checkbox"/>

**DESIGNATED QUALIFYING PERSON (QI) – (Look up QI# online at [www.dli.mn.gov/cclid.asp](http://www.dli.mn.gov/cclid.asp) by searching your MI license number.)**

<b>QI NUMBER</b>	<b>LEGAL LAST NAME</b> (including suffix)	<b>FIRST NAME</b>	<b>MI</b>
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**THIS RENEWAL MUST BE SUBMITTED ALONG WITH ALL OF THESE REQUIRED DOCUMENTS**

- \$363.00 LICENSE FEE** – This fee includes a three year license fee of \$300.00, a continuing education fee of \$30.00, and an E-licensing fee of \$33.00
- Secretary of State Business Registration Verification** – Except for Individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State. Please visit MN SOS <http://mblsportal.sos.state.mn.us> to verify registration.
- \$2,500 Manufactured Home Installer Bond** – A \$2,500 Manufactured Home Installer Bond **MUST BE SUBMITTED** with the license renewal. The **EFFECTIVE DATE** must be April 1, 2012 and the **EXPIRATION DATE** must be April 1, 2015. All signatures must be notarized. The bond form submitted **MUST** be an original with the surety seal. NO photocopies will be accepted.
- Certificate of Insurance** – The Certificate of Insurance **MUST BE COMPLETED BY THE INSURANCE AGENT** and **SUBMITTED WITH THIS RENEWAL.** The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at <http://www.dli.mn.gov/CCLD/FormsCert.asp>
- Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws **MUST BE COMPLETED AND SUBMITTED** with this renewal. Pursuant to Minn. Stat. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at <http://www.dli.mn.gov/CCLD/FormsWC.asp>
- Designated Qualifying Person Form** – The Designated Qualifying Person Form **MUST BE COMPLETED AND SUBMITTED** with this renewal. Look up QI number online at [www.dli.mn.gov/cclid.asp](http://www.dli.mn.gov/cclid.asp) by searching your contractor license number (MI123456).

<b>APPLICANT SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>
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This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



# Manufactured Home Installer Bond

E-mail: DLI.License@state.mn.us  
www.dli.mn.gov  
PRINT IN INK OR TYPE

BOND NO.	AMOUNT	EFFECTIVE DATE
	<b>\$2,500</b>	

KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_  
(Business name as registered with the Office of the Minnesota Secretary of State)

\_\_\_\_\_  
(DBA, doing business as name if applicable)

With business office at \_\_\_\_\_  
(Business address, City, State, Zip Code, Telephone number)

as PRINCIPAL, and \_\_\_\_\_  
(Surety Company Name)

\_\_\_\_\_  
(Surety Company Address, City, State, Zip Code, Telephone number)

A corporation duly organized in the state of \_\_\_\_\_ and authorized to do business in the state of Minnesota, as Surety, are jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum annually of **TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500)** for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor & Industry and shall be in lieu of all other license bonds to any other political subdivision as provided in M.S. § 326B.86, subd. 1.

The condition of the above obligation is such, that whereas, the said Principal is licensed as a Manufactured Home Installer. The terms of this bond shall be continuous and maintained for so long as the licensee remains licensed and shall constitute a new obligation in the sum of **\$2,500** for each annual license period for which the Principal is licensed, provided, however, that the aggregate liability for the Surety to all persons for any one annual license period shall in no event exceed the sum of **\$2,500**.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully perform all work entered upon by him as a manufactured home installer within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect. This bond may be canceled as to future liability by the Surety upon 30 days written notice mailed to the commissioner by regular Mail, addressed to the Principal at the address as stated in this bond, and to the Department of Labor and Industry, Construction Codes and Licensing Division, 443 Lafayette Road N., St. Paul, MN 55155.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on **April 1, 2015**. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. The aggregate liability of the surety hereunder pertains to all claims arising during the period as defined above and shall in no event exceed the annual total sum of **TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500)**.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_

**(SURETY SEAL)**

\_\_\_\_\_  
Print Name of Principal (s)

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL(S)

\_\_\_\_\_  
Print Name of Principal (s)

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL(S)

**Acknowledge (notarize) signatures on page two and attach power of attorney form.**

File with: Minnesota Department of Labor and Industry  
CCLD – Licensing and Certification  
443 Lafayette Road North  
St. Paul, Minnesota 55155

\_\_\_\_\_  
NAME OF SURETY

\_\_\_\_\_  
SIGNATURE OF ATTORNEY IN FACT (SURETY COMPANY)

**A OR B AND C MUST BE COMPLETED**

**A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership**

(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ personally came \_\_\_\_\_  
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same  
to be his/her/their own free act and deed.

(SEAL)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**B. FOR ACKNOWLEDGEMENT of Corporate**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ personally came \_\_\_\_\_  
who being by me duly sworn, did say that he/she is \_\_\_\_\_  
of \_\_\_\_\_, a \_\_\_\_\_  
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she  
acknowledged said instrument to be the free act and deed of the corporation.

(SEAL)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**PART C MUST BE COMPLETED BY THE SURETY COMPANY**

**C. FOR ACKNOWLEDGEMENT of Corporate Surety**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ personally came \_\_\_\_\_  
and \_\_\_\_\_ to me personally known, who being by me duly sworn, did say that  
he/she is the attorney in fact, of \_\_\_\_\_, the  
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the  
said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said  
\_\_\_\_\_ acknowledged that he/she executed said instrument as attorney in  
fact as the free act and deed of said corporation.

(SEAL)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

# Certificate of Compliance Minnesota Workers' Compensation Law



CC0515

**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)
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DBA ("doing business as" or also known as an assumed name) (if applicable)
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BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
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COUNTY	E-MAIL ADDRESS
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:  
\_\_\_\_\_

Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing / Residential  
PO Box 64217  
St. Paul, MN 55164-0217



CC0517

E-mail: DLI.License@state.mn.us  
Web Site: www.dli.mn.gov/cclid.asp  
Phone: (651) 284-5034

## Designated Qualifying Person Form

Change of Qualifying Person

Residential Builder

Residential Remodeler

Residential Roofer

Manufactured Home Installer

The information you as an individual provide in this form will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. The information is being requested for purposes of processing your application. You are not legally required to supply the requested data on this form; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this form is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your non-designated address, becomes public data and may be released to anyone upon request.

### QUALIFYING PERSON INFORMATION

REGISTRATION NUMBER (QB, QM, QR, QI)	EXPIRATION DATE (MM/DD/YYYY)	DAYTIME PHONE NO	E-MAIL ADDRESS	
FULL LEGAL LAST NAME (including suffix)		FULL LEGAL FIRST NAME		MI

### CONTRACTOR LICENSE INFORMATION

LEGAL BUSINESS NAME

LEGAL ASSUMED NAME (DBA) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
CONTRACTOR LICENSE NUMBER	BUSINESS TELEPHONE NUMBER		

Are you the qualifying person for more than one business entity?  Yes  No

If you have checked "Yes" above, you must disclose below the company for which you are the qualifying person.

LEGAL BUSINESS NAME	LICENSE NUMBER
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To be a qualifying person for two corporations, one of the following must exist (check that which applies):

- There is a common ownership of both corporations amounting to at least 25% by any one owner, officer, partner or member.  
 One corporation is subsidiary to another corporation. "Subsidiary" means 25% ownership by the parent corporation.

This is to verify that I am the designated qualifying person for the contractor named above pursuant to M.S. § 326B.805 and, as such, I have fulfilled the examination requirements; and shall fulfill the continuing education requirements on behalf of the licensed contractor; and shall notify the department 15 days in advance of resigning as the qualifying person with said contractor or immediately upon termination by the contractor.

I further verify that, if I am not identified as an owner, partner, officer, or member of the contractor named above, I am a managing employee as required in M.S. § 326B.805, Subd. 4 who is regularly employed by the licensee and is actively engaged in the business of residential contracting or residential remodeling on behalf of the licensee.

I understand and accept that the Department of Labor and Industry under M.S. § 326B.082 may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application or otherwise violate the provisions of M.S. § 326B.801 to 326B.89, all rules adopted under these sections, as well as all orders issued under M.S. § 326B.082.

SIGNATURE OF QUALIFYING PERSON (mandatory)	DATE
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