

## Qualifying Person Form Manufactured Home Installer License

Renewal     New     Change

PRINT IN INK or TYPE your responses

**QUALIFYING PERSON INFORMATION**

**Make a copy for your records.**

|                            |                        |               |                            |             |          |
|----------------------------|------------------------|---------------|----------------------------|-------------|----------|
| LAST NAME                  |                        | FIRST NAME    |                            | MIDDLE NAME |          |
| RESIDENTIAL STREET ADDRESS |                        |               | CITY                       | STATE       | ZIP CODE |
| PHONE NUMBER               | SOCIAL SECURITY NUMBER | DATE OF BIRTH | TITLE OF QUALIFYING PERSON |             |          |

**New Qualified Person (QP) Requirements:**

Attach the qualifying person's original passing examination results for both MN Business and Law exam and the MN Trade exam.

Date(s) of passing exam.      MN Business and Law Exam: \_\_\_\_\_ MN Trade Exam: \_\_\_\_\_

Examination results expire after two years. If the examination was taken more than two years before this application, you must take the examination test(s) again.

**Continuing Education Requirements:**

Minnesota Statutes 327B.10 requires the Labor and Industry Commissioner to adopt rules establishing and approving continuing education programs for manufactured home installers and that each manufactured home installer must satisfactorily complete the continuing education requirements established in rule. The Qualifying Person for the licensed manufactured home installer is responsible for meeting this requirement at the time the license is renewed in three years. Continuing education subject matter and hours will be detailed in Minnesota Rules, Chapter 1350, when the applicable rule is adopted. Information on the rule is available online at [www.dli.mn.gov](http://www.dli.mn.gov).

**Qualifying person's business and/or employment history for the past five years. Attach additional pages if necessary.**

| Business Name | Description of Employment | Dates of Employment |    |
|---------------|---------------------------|---------------------|----|
|               |                           | From                | To |
|               |                           |                     |    |
|               |                           |                     |    |
|               |                           |                     |    |
|               |                           |                     |    |
|               |                           |                     |    |
|               |                           |                     |    |
|               |                           |                     |    |
|               |                           |                     |    |
|               |                           |                     |    |

Is the qualifying person a qualifying person for more than one licensed business entity?     Yes     No

If "yes" is checked, indicate the company name of the other licensed business entity for which this individual acts as a qualifying person:

|                          |                                    |
|--------------------------|------------------------------------|
| Affiliated business name | Affiliated business license number |
|--------------------------|------------------------------------|

To be a qualifying person for two corporations, one of the following affiliations must exist. Please check the appropriate affiliation below:

- there is a common ownership of at least 25 percent of each licensed corporation for which the person acts in a qualifying capacity; or
- one corporation is a subsidiary of another corporation for which the same person acts in a qualifying capacity. "Subsidiary" means a corporation of which at least 25 percent is owned by the parent corporation.

|  |      |
|--|------|
| SIGNATURE OF QUALIFYING PERSON (Mandatory) | DATE |
|--|------|

**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.**

|                        |                 |                |                        |
|------------------------|-----------------|----------------|------------------------|
| <b>Office Use Only</b> | PROCESSING DATE | LICENSE NUMBER | QP REGISTRATION NUMBER |
|------------------------|-----------------|----------------|------------------------|

- **Applicant must answer the following questions**
- **Qualifying person must attach a completed, signed Bureau of Criminal Apprehension Criminal Background Check form**

Answer "yes" if the qualifying person ever:

|   |  |
|---|--|
| <p>1. Held a residential building contractor, remodeler, roofer, manufactured home installer or any other occupational, professional license in any state including Minnesota? <b>If yes</b>, list the state(s) below and the license type(s) for each state where you have held a license and attach a copy of the certificate or license. _____</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>2. Been the subject of any inquiry or investigation by any Minnesota State Agency? <b>If yes</b>, attach a written explanation signed and dated by applicant, including specific dates, and submit copies of all letters of inquiry and resolution.</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>3. Had any occupational, professional or vocational license or permit censured, suspended, revoked, canceled, terminated or been the subject of any type of administrative action in Minnesota or any other state? <b>If yes</b>, you must attach:</p> <p>a) a written statement, signed and dated by applicant, explaining the circumstances of each incident;</p> <p>b) a copy of the Notice of Hearing or other document that states the charges and allegations; and</p> <p>c) a copy of the official document that establishes the resolution of the charges or any final judgment.</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>4. Been charged, indicted, pleaded to or convicted of any criminal offense in any state or federal court in the past 10 years? Include felonies, gross misdemeanors or misdemeanors; do not include traffic violations. <b>If yes</b>, you must attach:</p> <p>a) a written statement, signed and dated by applicant, explaining the circumstances of each incident;</p> <p>b) a copy of the charging document;</p> <p>c) a copy of the official document that establishes the resolution of the charges or any final judgment; and</p> <p>d) if currently on probation, attach a letter from probation officer stating your compliance with terms of probation.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>5. Been a defendant in any lawsuit or been named in a civil judgment, involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach of fiduciary duty or breach of contract? <b>If yes</b>, attach written explanation signed and dated by the applicant, including specific dates, and submit copies of legal resolution.</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>6. Exercised management or policy control over, or owned 10 percent or more of the stock of any company that has failed in business or filed a bankruptcy petition or been declared bankrupt? <b>If yes</b>, list the company name(s) and attach copy of the company's bankruptcy disposition: _____</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>7. Been the subject of any outstanding unsatisfied judgment(s) relating to any residential contracting or residential remodeling, residential roofing or manufactured home installer activities? <b>If yes</b>, attach written explanation signed and dated by applicant, stating the reason for the outstanding judgment and the amount of the judgment and including specific dates, and submit copies of legal resolution</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>8. Owned or controlled a business entity that has undergone a change in name, ownership or control, or has there been a sale or transfer of the applicant's business entity in the past five years? <b>If yes</b>, attach a list of the names and addresses of all prior, predecessor, subsidiary, affiliated, parent or related entities, and whether each such entity or its owner, officers, directors, members or shareholders hold more than 10 percent of the stock would have answered yes to questions 1 through 7.</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>9. Indicate whether anyone listed on the Disclosure of Business Owners, Partners, Officers and Members has been affiliated with a residential contractor, remodeler, roofer or manufactured home installer business that engaged in any activity that would result in a yes answer to the above questions 1 through 7: the applicant or the applicant's qualifying person, owners, partners, officers, directors, employees exercising management or policy control, managers, L.L.C. owners/governors or shareholders owning more than 10 percent of corporate stock.</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**CERTIFICATION**

I certify all of the information submitted on this disclosure and attachments is true and complete, and that this document has not been changed in any manner from the form adopted by the Department of Labor and Industry.

|  |       |      |
|--|-------|------|
| SIGNATURE OF OWNER, PARTNER, OFFICER (mandatory) | TITLE | DATE |
| SIGNATURE OF QUALIFYING PERSON (mandatory)       |       | DATE |

**BCA FORM**  
Bureau of Criminal Apprehension  
Criminal Background Check

PRINT IN INK or TYPE your responses

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL INDIVIDUAL APPLICANTS; IF THE LICENSE IS TO BE ISSUED TO A COMPANY, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH OF THE COMPANY'S OWNERS, QUALIFYING PERSON, LIMITED OR GENERAL PARTNERS, CORPORATE OFFICERS, DIRECTORS, SHAREHOLDERS OWNING MORE THAN 10 PERCENT OF THE CORPORATION'S STOCK, L.L.C. OWNERS/GOVERNORS, MANAGERS OR EMPLOYEES WITH AUTHORITY TO EXERCISE MANAGEMENT OR POLICY CONTROL. THE DEPARTMENT OF LABOR AND INDUSTRY REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.**

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue

RE: Request for criminal background check and request for disclosure/verification of tax identification number

**PROVIDE PERSON'S COMPLETE LEGAL NAME**

**LAST NAME** (if legal list name is hyphenated, enter both names here)

**FIRST NAME**

**MIDDLE NAME**

ADDITIONAL MIDDLE NAME (if applicable)

MAIDEN NAME (if applicable)

FORMER LIST NAME or OTHER NAME (if applicable)

DATE OF BIRTH (mo/day/yr)

SOCIAL SECURITY NUMBER

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

**THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY**

NAME OF THE COMPANY

COMPANY'S ASSUMED NAME (if applicable)

COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER

YOUR TITLE OR POSITION IN THE COMPANY

**CERTIFICATION AND AUTHORIZATION:**

- I, the undersigned, and my company have made application to the Minnesota Department of Labor and Industry for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.
- I hereby request and authorize the Minnesota Department of Revenue to disclose or verify the state tax identification number.

**SIGNATURE** (mandatory)

DATE