

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road N.
 St. Paul, MN 55155
 Phone: (651) 284-5034
 Fax: (651) 284-5743
 E-mail: DLI.License@state.mn.us
 www.dli.mn.gov

Qualifying Person Form

Residential Building Contractor, Remodeler or Roofer

Renewal New Change

This form must be completed in its entirety and signed by the qualifying person.

PRINT IN INK or TYPE your responses

Make a copy for your records.

BUSINESS INFORMATION

BUSINESS NAME	BUSINESS LICENSE # (if applicable)	BUSINESS PHONE NUMBER
BUSINESS STREET ADDRESS	CITY	STATE ZIP CODE

QUALIFYING PERSON INFORMATION

FULL LEGAL LAST NAME	FULL LEGAL 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.

Examination results expire after two years. If the examination was taken more than two years prior to this application. You may retake the exam or attach Continuing Education (CE) Course Completion Certificate(s) documenting 7 hours of continuing education for each year after the expiration of the examination results. Exam bulletins and registration are available at www.pearsonvue.com or 877-258-9221.

Renewal of Qualified Person (QP) Continuing Education Requirements:

Please submit Continuing Education (CE) Course Completion Certificate(s). Certificate(s) must reflect qualifying person's full legal name. Examination results expire after two years. You are required to take 7 hours of CE for each year after the expiration of the examination results. The first year must include 1 hour of Lead and 1 hour of Energy. 1 hour of Energy is needed for each year thereafter. You have the option of retaking the examinations if you are past the two years expiration date from when you first passed the exams. All courses must be approved by the Minnesota Department of Labor and Industry.

All CE providers/courses must be preapproved by Department of Labor and Industry for Residential Building Contractor and Residential Remodeler Licensing. Please contact Department of Labor and Industry, Education, Rules and Code Development Services at (651) 284-5845 if you have questions regarding approval of a provider/course.

NOTE: DO NOT SUBMIT THIS APPLICATION UNLESS ALL COURSES AND COURSE PROVIDERS HAVE BEEN PRE-APPROVED.

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
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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
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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.

Office Use Only	PROCESSING DATE	LICENSE NUMBER	QP REGISTRATION NUMBER
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- **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? If yes, 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? If yes, 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? If yes, 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. If yes, 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? If yes, 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? If yes, 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? If yes, 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? If yes, 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