

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services - Electrical  
443 Lafayette Road North  
St. Paul, MN 55155

## Technology Systems Contractor

### LICENSE APPLICATION INSTRUCTIONS

Mailing Address:  
PO Box 64227  
St. Paul, MN 55164-0217

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Web Site: [www.dli.mn.gov/cclid.asp](http://www.dli.mn.gov/cclid.asp)  
Directions: <http://www.dli.mn.gov/Direct.asp>  
Phone: (651) 284-5034

**STEP 1 - Starting a Business in Minnesota:** Before submitting a new license application you must choose a business structure for your business entity. To obtain more information relating to starting a business in Minnesota you can contact the Minnesota Department of Employment and Economic Development at <http://www.positivelyminnesota.com/Business> or call 651-556-8425.

**STEP 2 – Minnesota Secretary of State Office:** Before submitting a new license application you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us/index.aspx?page=92> to obtain information relating to the registration of your business entity or business name in Minnesota.

**STEP 3 - Tax ID & Employment Insurance -** Except for individuals (sole-proprietor) or one-member limited liability companies without employees or taxable sales, all businesses must disclose their Federal Employer Identification Number (FEIN) and their State Tax Identification number. Individuals (sole proprietor) or one member limited liability companies must provide a Social Security number. Tax numbers are available from the state or federal revenue agencies below:

Minnesota Tax Identification Number	651-556-3000
Federal Employer Identification Number	800-829-4933
Employment & Economic Development (Unemployment Insurance)	651-296-6141
Labor & Industry (Workers' Compensation Insurance)	651-284-5032
Revenue (if making retail sales in Minnesota)	651-296-6181 – corporate Sales Tax ID

#### STEP 4 - INFORMATION FOR USE IN COMPLETING THE NEW LICENSE APPLICATION:

##### Legal Business Name:

- **Individual/Sole Proprietor** -The legal business name for all individual proprietors is the full legal name (first, middle, last) of the individual business owner.
- **General Partnerships** - The legal business name of a partnership consisting of two or more individuals, is the full legal names of each partner (first, middle, last) and must include all business partners.
- **All other business types** - The legal business name of a Corporation, Foreign Corporation, Limited Liability Company, Limited Liability Partnership, or Limited Partnerships is the exact business entity name as filed with the Office of the Minnesota Secretary of State

**Minnesota Secretary of State (SOS):** If your business entity or business name is required to be registered with the SOS, you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us/index.aspx?page=92> to obtain the required business documentation.

**Doing Business As (DBA) Name / Assumed Name:** Any business operating by a name other than their full legal business name is also required to file a Certificate of Assumed Name with the Minnesota Secretary of State to obtain authority for use of the assumed name. **NOTE:** Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed (DBA) names must be registered with the Office of the Secretary of State.

**Physical Address:** Must be the physical address of the business, if different from the main address. This address is the primary physical address for work performed in Minnesota by the holder of the license, certificate, or registration. A PO Box is not acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

**Mailing Address:** Must be the mailing address for the business entity being licensed, certified, or registered, if different from the main address. This address is the primary mailing address for the holder of the license, certificate, or registration. A PO Box is acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

**Minnesota Registered Agent:** All applicants must provide the name and address of a Minnesota registered agent authorized to receive service of process and give consent to service of process as required by M.S. § 326B.855.

**STEP 5 - Before submitting your NEW license application, carefully read and follow the Application Requirements included with this application packet.**

# Technology Systems Contractors

## LICENSE APPLICATION REQUIREMENTS

**License fee:** \$%, '\$\$

You may upload your license application and pay by credit card, online at the DLI website <https://secure.doli.state.mn.us/license/intro.aspx> or mail your application to DLI, and pay by check or money order payable to the **Department of Labor & Industry**. NOTE: Depositing of a fee does not constitute the granting of a license, certificate, or registration. **CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

**Minnesota Secretary of State (SOS) Registration / Assumed Name Verification** – Include a computer screen print of the ACTIVE SOS Business Record Detail for your business entity filing and/or the assumed name with your license application. Submit a computer screen print for each SOS business filing. [www.sos.state.mn.us](http://www.sos.state.mn.us)

### **New License Application Form (2 Pages)**

Application Form - Pages 1 & 2 must be completed and signed by applicant(s).  
<http://www.dli.mn.gov/CCLD/Forms.asp>

**Disclosure of Business Owners, Partners, Officers and Members Form** - All owners, partners, shareholders, and members owning more than 10 percent in the business must be disclosed. Key officers responsible for the day to day operations for the business entity being licensed, certified or registered must be disclosed.

### **Bond**

Must be the original bond form issued, signed, sealed and notarized by the Surety Company and must also be accompanied by the Power of Attorney form. A missing, incomplete or inaccurate bond will cause the application to be deficient and delay processing.

### **Certificate of Responsible Licensed Individual (Power Limited Technician (PL) )**

All applicants must designate a responsible licensed individual who shall be responsible for the performance of all electrical work in accordance with MS § 326B.31 to 326B.33, Minn. Rules, chapter 3800, as well as all orders issued under MS § 326B.082. The licensed power limited technician completes and signs the Certificate of Responsible Licensed Individual, which validates the designation made in the application form. A missing, incomplete, or inaccurate certificate will cause the application to be deficient and delay processing.

**Certificate of Liability Insurance** Obtain from your insurance agent a certificate of liability insurance that provides evidence that your business has general liability insurance coverage meeting the minimum statutory requirements. Acceptable forms are the ACORD 25 (2010/05) or the DLI Certificate of Liability Insurance <http://www.dli.mn.gov/CCLD/FormsCert.asp> The certificate must show the legal business entity name as the insured. If using an assumed name, the insurance policy and the certificate must show the insured as the legal business entity's name and must include the assumed name as a DBA name (if applicable). A missing, incomplete or inaccurate certificate of liability insurance will cause the application to be deficient and delay processing. NOTE: Certificate holder must be Department of Labor and Industry, 443 Lafayette Road N, St Paul, MN 55155

### **Certification of Compliance Form Minnesota Workers' Compensation Law** [www.dli.mn.us/cclid/forms.asp](http://www.dli.mn.us/cclid/forms.asp)

The Certificate of Compliance with Minnesota Workers' Compensation Law must be completed and submitted with this application by ALL applicants. Pursuant to M.S. § 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.** Missing, incomplete or inaccurate certificate will cause the application to be deficient and delay processing.

**NOTE:** Applications will not be approved and the license, certificate, or registration applied for will not be issued unless all of the conditions identified on the application and in the applicable sections of Minnesota Statutes, Chapter 326B are in compliance. Pursuant to M.S. § 326B.082, the Department may revoke, suspend or refuse to issue any license granted when the licensee and/or applicant makes a false statement in any license application.

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services / Electrical  
 443 Lafayette Road North  
 St. Paul, MN 55155

Mailing Address:  
 PO Box 64227  
 St. Paul, MN 55164-0227

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

## Technology System Contractor

### NEW LICENSE APPLICATION

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

New  Business Structure Change  
*(New license # will be issued)*

**License Fees = \$168.00**

**LICENSING 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 RECORD**

SPACE IN BOX FOR OFFICE USE ONLY	
Account # 632432	STK B42ELELIC
Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
<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	
APPLICATION NUMBER:	LICENSE NUMBER:

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's license requirements. Minnesota Statute § 270C.72, subd 4, requires you to provide your social security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security or Minnesota Business Identification number, you are not legally required to supply the requested data on this application; 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 application 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 licensed, the information you provide, other than your Social Security number and non-designated address, becomes public data and may be released to anyone upon request.

**1. BUSINESS TYPE:** (check only one) **State business is organized in:**

<input type="checkbox"/> Individual (sole proprietor)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Limited Liability Company
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other (specify) _____	

**2. The following information must be provided unless the applicant is an individual (sole proprietor) or one-member limited liability company and does not have employees or taxable sales:**

Federal Employer Tax Number (FEIN) (if applicable)	Minnesota Tax Number (MN ID) (if applicable)	Employment Insurance Acct No (if applicable)
<b>If the applicant is an individual (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.</b>		Social Security Number

**3. LEGAL BUSINESS NAME OF CONTRACTOR** (Individual name only if no company name used)

**4. DBA NAME** (Doing Business as name / assumed name – if applicable)

**Second page must be completed and signed by applicant.**

<b>5. BUSINESS TELEPHONE NUMBER</b>	<b>6. OTHER TELEPHONE NUMBER</b>	<b>7. E-MAIL ADDRESS</b>
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**Address Instructions.** In #8, provide the main legal physical address for the legal business entity applying to be licensed. In items #9 and #10, provide the physical and mailing address to be linked to only this license, if different from the main legal address (#8). By default, the department posts the main address online as the licensee's address. If you provide a physical or mailing address for the license, then you may designate the address you want posted online by checking the appropriate box.

<b>8. MAIN (LEGAL) ADDRESS</b> (PO Box Not acceptable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>ONLINE</b> <input type="checkbox"/>
<b>9. 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>10. 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"/>

**11. Do you have employees?**     **Yes**     **No**    Whether you have employees or not, you must also complete the worker's compensation Certificate of Compliance form located on our website at [www.dli.mn.gov](http://www.dli.mn.gov)

**12. Responsible Licensed Individual**    This is to certify that I am or have in my employ a responsible licensed individual who will be actively responsible for the performance of all electrical work, including planning, laying out and supervising installation of all such work, in accordance with the requirements of M.S. §§ 326B.31 and 326B.33, and Minn. Rules Chapter 3800.

<b>FULL LEGAL LAST NAME</b>	<b>FULL LEGAL FIRST NAME</b>	<b>MI</b>	<b>SUFFIX (Sr., Jr., I, II, III)</b>
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<b>LICENSE #</b>	<b>LICENSE TYPE (Power Limited Technician)</b>	<b>EXPIRATION DATE (MM/DD/YYYY)</b>
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**13. This is to certify that the company making this application is in compliance with the provisions of M.S. §§ 326B.31 and 326B.33 and Minn. Rules, Chapter 3800, including:**

- (a) Compensation of any employee doing residential construction or remodeling work will be reported on an Internal Revenue Service W-2 form;
- (b) Where required, all electrical work will be performed by, or under the personal on-the-job supervision of properly licensed or registered unlicensed persons. One licensed person shall supervise no more unlicensed persons than allowed by M.S. 326B.33, subd. 12;
- (c) All advertising and business forms will be in the name shown on my contractor's license;
- (d) I will immediately notify the Department in writing of any change of address, telephone number, change of business structure, change of power limited technician, employment of others, or other information required on my application;
- (e) I understand that an individual may be the responsible licensed individual for only one contractor or employer;

I hereby declare that any statements herein are true and complete, with the same force and effect as though given under oath.

One of the officers listed on the attached Disclosure of Business Owners, Partnership, Officers and Members form is must sign below as the applicant. If partnership then all partners must sign below:

APPLICANT SIGNATURE	TITLE	DATE
APPLICANT SIGNATURE	TITLE	DATE
APPLICANT SIGNATURE	TITLE	DATE

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



Mailing Address:  
 PO Box 64227  
 St. Paul, MN 55164-0227

## Disclosure of Business Owners, Partners, Officers and Members

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Web Site: [www.dli.mn.gov/cclcd.asp](http://www.dli.mn.gov/cclcd.asp)  
 Directions: <http://www.dli.mn.gov/Direct.asp>  
 Phone: (651) 284-5034

**This form must be completed by all business types.**

Minnesota Statutes § 270C.72, Subd. 4, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Business Identification Number and the social security numbers of all individual owners, partners, officers, and other members of the business entity, who are liable for delinquent taxes. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's social security number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application. Once you have been issued a certificate of exemption, all information on this form with the exception of your social security number and nondesignated address becomes public data and may be released to anyone upon request.

**LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)**

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

<b>PHYSICAL BUSINESS ADDRESS</b> (PO Box not accepted)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>BUSINESS TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>		

**LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)**

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address?  Yes  No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address?  Yes  No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address?  Yes  No **If yes, you must provide a designated (Public) address.**

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

**This material can be made available in different formats, such as large print, Braille or on audio.**



# Technology System Contractor Bond

E-mail: DLI.License@state.mn.us  
www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE
	<b>\$25,000</b>	

PRINT IN INK or TYPE  
KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_  
(Business name as registered with the Office of the 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 of **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** 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.33, subd. 6a.

The condition of the above obligation is such, that whereas, the said Principal is licensed as a Technology System Contractor. This bond shall constitute a new obligation in the sum of **\$25,000** for each biennial license period for which the Principal is licensed, provided, however, that the aggregate liability for the Surety to all persons for any one biennial license period shall in no event exceed the sum of **\$25,000**.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully perform all work entered upon by him as a Technology System contractor within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect.

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 **August 1, 2016**. 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 total sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000)**.

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 N  
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 \_\_\_\_\_



Mailing Address:  
 PO Box 64227  
 St. Paul, MN 55164-0227

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
 Directions: <http://www.dli.mn.gov/Direct.asp>  
 Phone: (651) 284-5034

## Certificate of Insurance Covering General Liability and Property Damage

### Liability Insurance Coverage

This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.164, Subd. 8

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

**This form must be completed by the insurance agent or insurance company, not by the business/contractor.**

LICENSE TYPE Technology Systems Contractor	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.)		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
		<input type="checkbox"/> <b>Check - Mandatory</b> Insurance policy meets the minimum statutory requirements.	
DBA ("doing business as" or also known as an assumed name) (if applicable)		<b>STATUTORY REQUIREMENT</b> Policy provides general liability insurance (including premises and operations insurance and products and completed operations insurance) with limits of at least \$100,000 per occurrence, \$300,000 aggregate limit for bodily injury, and property damage insurance with limits of at least \$50,000; or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits.	
STREET ADDRESS (no PO Box)		This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.	
CITY	STATE		
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	NAIC ID
CITY	STATE	ZIP CODE	INSURANCE AGENT'S NAME (Print)
<b>Data Practices Notice</b> Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license.		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
		ADDRESS	
		CITY	STATE
<b>Cancellation</b> Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.		INSURANCE AGENT'S SIGNATURE	DATE

**OFFICE USE ONLY**  
 Date of DLI Receipt

**Certificate Holder:**  
 Minnesota Department of Labor and Industry  
 CCLD Licensing and Certification Services  
 443 Lafayette Road North  
 St. Paul, MN 55155



CC0515

Mailing Address:  
PO Box 64227  
St. Paul, MN 55164-0217

## Certificate of Compliance Minnesota Workers' Compensation Law

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

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
Directions: <http://www.dli.mn.gov/Direct.asp>  
Phone: (651) 284-5034

**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 REGISTRATION 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.)

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

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR REGISTRATION 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.



## Certificate of Responsible Individual Power Limited Technician

Mailing Address:  
PO Box 64227  
St. Paul, MN 55164-0217

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

Check if Change of Responsible Individual

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's license requirements. Minnesota Statute § 270C.72, subd 4, requires you to provide your social security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security Number or Minnesota Business Identification number, you are not legally required to supply the requested data on this application; 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 application 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 licensed, the information you provide, other than your Social Security number and non designated address, becomes public data and may be released to anyone upon request.

I have read the above statement and I agree to supply the data on this form with the full knowledge and understanding of the information provided in the statement above.

### RESPONSIBLE LICENSED INDIVIDUAL (Power Limited Technician)

PERSONAL LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	DAYTIME PHONE NO	E-MAIL ADDRESS
FULL LEGAL LAST NAME		FULL LEGAL FIRST NAME MI	SUFFIX (Sr., Jr., I, II, III)

### CONTRACTOR LICENSE INFORMATION

LICENSE/REGISTRATION NUMBER	EXPIRATION DATE (MM/DD/YYYY)	PHONE NUMBER	E-MAIL ADDRESS
LEGAL BUSINESS NAME			

LEGAL ASSUMED NAME (DBA) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
This is to certify that pursuant to M.S. § 326B.33, subd. 17, I am the designated responsible licensed individual for the contractor set forth above, and as such, I will be responsible for:			

1. planning, laying out, and supervising all electrical work as required by M.S. § 326B.33, subd. 17;
2. compliance with National Electrical Code Safety Standards as required by M.S. § 326B.35;
3. ensuring that, when required, each job will be done by, or under the individual on-the-job supervision of properly licensed employees of said contractor as required by M.S. § 326B.33 subd. 12, and that one licensed individual will supervise no more unlicensed individuals on any job than allowed by M.S. § 326B.33 subd. 12;
4. ensuring that a Request for Electrical Inspection or other inspection form is filed at or before the commencement of all electrical installations requiring inspection as required by M.S. § 326B.36 and;
5. signing all Requests for Electrical Inspection as required by M.S. § 326B.33, subd. 17b;

Pursuant to M.S. § 326B.33 subd. 17, I understand that if I am not an owner, sole proprietor, general partner, chief manager, or corporate officer of the entity holding the contractor's license, then I must be a managing employee actively engaged in performing electrical work on behalf of the contractor and I am prohibited from being employed in any capacity as a licensed technician or licensed individual by any other contractor or employer.

I will notify the Department 15 days in advance of resigning as the responsible licensed individual with said contractor, or immediately upon termination by said contractor.

I also understand that under M.S. § 326B.082, subd. 12, the Department may revoke, suspend or refuse to renew any license granted pursuant to the Minnesota Electrical Act if a licensee knowingly and willfully makes a false statement in any license application or otherwise violates the requirements of the Minnesota Electrical Act or Minn. Rules Chapter 3800.

SIGNATURE OF RESPONSIBLE LICENSED INDIVIDUAL (mandatory)	DATE
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