

LICENSE APPLICATION INSTRUCTIONS

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

E-mail: dli.license@state.mn.us

Web Site: www.dli.mn.gov

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.

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

Satellite System Contractor

License Application Checklist

Fill out application form in its entirety

CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

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

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov
Phone: (651) 284-5034

Incomplete or Inaccurate Application Forms Will Delay Processing

ALL documentation and fees below are required and must be complete and accurate before a license will be issued.

| | | |
|--------------------|-----------------|--|
| License fee | \$168.00 | Initial Application (NEW) |
| | \$168.00 | Renewal Application (not expired) |
| | \$248.00 | Renewal Application (expired includes late fee) |

Make Check or money order payable to the Department of Labor & Industry

Minnesota Secretary of State (SOS) Registration / Assumed Name Verification

Verification may be available by completing an entity search on line at: www.sos.state.mn.us or you may contact the MN Secretary of State to request verification at 651-296-2803. If your business entity and assumed name, if applicable, must be registered, then the status of your registration(s) must be ACTIVE. **(NOTE: No SOS registration is necessary for an individual proprietorship/partnership operating under their full legal name(s))**

Satellite System Contractor Application Form

The application form must be complete and signed. All information requested on the application form must be provided and complete.

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 of the business entity being licensed, certified, or registered must be disclosed.

Satellite System Contractor 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.

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) Certificate of Liability Insurance or a DLI form that can be found online at www.dli.mn.gov/CCLD/FormsCert.asp. The certificate must show the legal business entity as the insured. If using an assumed name, the certificate must show the insured as the legal business entity's name dba the assumed name.

Workers' Compensation Certification of Compliance Form

All applicants must provide evidence of compliance with Minnesota's workers' compensation insurance requirement. You may provide a certificate of insurance showing your business is covered by workers' compensation insurance. Or, you may complete and submit the department's Certificate of Compliance with Minnesota's Workers' Compensation Laws, which is available online at www.dli.mn.us/cclld/FormsWC.asp. Applicants claiming exemption from workers' compensation insurance coverage must complete the certificate of compliance form in its entirety and sign the form.

Certificate of Responsible Licensed Individual (Satellite System Installer)

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 Master Electrician or Master Elevator Constructor completes and signs the Certificate of Responsible Licensed Individual, which validates the designation made in the application form.

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

5. ALL OUT OF STATE BUSINESSES, except states that are contiguous (i.e. Iowa, Wisconsin, South Dakota and North Dakota) with Minnesota, must provide the name and address of a registered agent in this state authorized to receive service of process and by signing this application hereby give consent to service of process as required by M.S. § 326B.855.

MINNESOTA REGISTERED AGENT NAME

| | | | |
|--------------------------------------|------|-------|----------|
| REGISTERED AGENT'S MINNESOTA ADDRESS | CITY | STATE | ZIP CODE |
|--------------------------------------|------|-------|----------|

| | | |
|--------------------------------|------------------------|----------------|
| BUSINESS PHONE NUMBER (public) | OTHER TELEPHONE NUMBER | E-MAIL ADDRESS |
|--------------------------------|------------------------|----------------|

| | |
|--|--|
| 6. DO YOU HAVE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, UNEMPLOYMENT INSURANCE NUMBER (Unemployment # call: 651-296-6141) |
|--|--|

7. RESPONSIBLE PERSON INFORMATION *Search an individual's name on DLI website <https://secure.doli.state.mn.us/lookup/licensing.aspx>

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 satellite broadcast communication system work, including planning, laying out and supervising installation of all such work, in accordance with the requirements of the Minnesota Electrical Act, M.S. §§ 326B.31 to 326B.399, and Minnesota Rules Chapter 3800.

| | | |
|---|-----------------------|----|
| FULL LEGAL LAST NAME (including suffix Jr., Sr., I, II, etc.) | FULL LEGAL FIRST NAME | MI |
|---|-----------------------|----|

| | | | |
|---------------------|------|-------|----------|
| RESIDENTIAL ADDRESS | CITY | STATE | ZIP CODE |
|---------------------|------|-------|----------|

| | | |
|-----------------------------|--------------------------|----------------|
| *Satellite System Installer | DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS |
|-----------------------------|--------------------------|----------------|

This is to certify that the company making this application is in compliance with the Minnesota Electrical Act, M.S. §§ 326B.31 to 326B.399 and Minnesota Rules, Chapter 3800, including:

- (a) Compensation of any employee performing satellite broadcast communication system work will be reported on an Internal Revenue Service W-2 form;
- (b) All satellite broadcast communication system work will be performed by an individual either holding a satellite system installer, power limited technician or electrician license issued by the department, or if unlicensed, registered with the department;
- (c) All advertising and business forms will be in the name shown on the contractor's license;
- (d) All vehicles used in the performance of satellite broadcast communication system work will be marked with the name of the contractor as shown on the license and the license number;
- (e) I will immediately notify the Department in writing of any change of address, telephone number, change of business structure, change of responsible licensed individual, employment of others, or other information required on my application; and
- (f) I understand that an individual may be the responsible licensed individual for only one contractor.

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, Partners, Officers and Members Form** must sign below as the applicant. If a partnership then all partners must sign.

| | | | |
|----------------------|---------------------|-------|------|
| PRINT APPLICANT NAME | APPLICANT SIGNATURE | TITLE | DATE |
| PRINT APPLICANT NAME | APPLICANT SIGNATURE | TITLE | DATE |

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



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
 Web Site: 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)

| | | | |
|--|----------------------|--------------|-----------------|
| PHYSICAL BUSINESS ADDRESS (PO Box not accepted) | CITY | STATE | ZIP CODE |
| BUSINESS TELEPHONE NUMBER | EMAIL ADDRESS | | |

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.



Satellite System Contractor Surety Bond

Email: dli.license@state.mn.us
Website: www.dli.mn.gov/cclid
Phone: (651) 284-5034

| | | |
|-----------------|-------------------------------------|-----------------------|
| BOND NO. | AMOUNT \$25,000.00 | EFFECTIVE DATE |
|-----------------|-------------------------------------|-----------------------|

PRINT IN INK or TYPE

KNOW ALL PERSONS BY THESE PRESENTS:

THAT _____
(Business name as registered with the Office of the Minnesota Secretary of State; or if individual proprietor, individual's name.)

(DBA or "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 hereby held and firmly bound to the state of Minnesota and any person injured or suffering financial loss by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules related to the Principal's license or any permit applied for and all contracts entered into, in the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00).

For payment of this sum, Principal and Surety bind themselves, their heirs, representatives, successors and assigns, jointly and firmly by these presents.

THE CONDITION of the above obligation is such that WHEREAS the said Principal is making application with the Minnesota Department of Labor and Industry to be licensed as, or has been licensed as, a satellite system contractor with specific privileges and responsibilities under Minnesota Statutes, section 326B, as amended, Minnesota Rules, chapters 3800 and 3801, as amended, for all satellite system work and contracts entered into within the state.

NOW THEREFORE, if said Principal shall faithfully and lawfully perform the duties, and in all things comply with the laws and rules, including all amendments thereto, pertaining to the license or permit applied for and all contracts entered into, then this obligation shall be void; otherwise to remain in full force and effect.

The aggregate liability of the Surety, regardless of the number of claims made against the bond, shall in no event exceed the amount set forth above for each two-year period the bond remains in force. The bond penalty shown above is cumulative over each two-year period the bond remains in force, the same as if a separate bond were issued every two years.

PROVIDED, it is the intention of the parties that this bond be continuous. This bond may be canceled by the Surety at any time upon giving the said Principal and the Minnesota Department of Labor and Industry 30 days' written notice, said notice to be served by certified mail, whereupon, except as to any liabilities or indebtedness incurred prior to the termination of this said 30 days' notice, the liability of the Surety under this bond shall cease. The Surety shall notify the Principal and the Minnesota Department of Labor and Industry within 15 days of any bond claim or payment which results in the penal sum of the bond falling below the legal requirement

By their signatures below, the parties certify that the wording of this surety bond is in compliance with Minnesota Statutes, sections 326B.33, subd. 15 and 326B.0921, as constituted on the effective date of this bond. This bond shall be effective as of the effective date provided by the Surety in the field provided on this form and shall be in effect until cancellation. Effectiveness of this bond is only a component of, and does not constitute required licensure by the State of Minnesota. Principal shall not conduct work or contract to conduct work requiring licensure until the State of Minnesota has issued the license for which Principal has applied.

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 reverse side and attach power of attorney form.

NAME OF SURETY

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

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 Contractor

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 _____

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155
 Phone: (651) 284-5034
 Fax: (651) 284-5743
 TTY/MRS: (651) 297-4198
 E-mail: DLI.BusinessLicense@state.mn.us
 www.dli.mn.gov/ccld.asp



CC0512

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.33, Subd. 16.

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

Form must be completed by the insurance agent or insurance company, not by the business/contractor.

| | | | |
|---|----------------------------|--|---|
| LICENSE TYPE | LICENSE NO (if applicable) | POLICY NUMBER (pending is not acceptable) | |
| Satellite System Contractor | | FROM (mm/dd/yyyy) | TO (mm/dd/yyyy) |
| 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.) | | <input type="checkbox"/> Check - Mandatory | |
| | | Insurance policy meets the minimum statutory requirements. | |
| DBA ("doing business as" or also known as an assumed name) (if applicable) | | STATUTORY REQUIREMENT | |
| STREET ADDRESS (no PO Box) | | 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. | |
| | | This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy. | |
| CITY | STATE | ZIP CODE | |
| MAILING ADDRESS (if different from above) | | NAME OF INSURANCE COMPANY | NAIC ID |
| CITY | STATE | ZIP CODE | INSURANCE AGENT'S NAME (Print) |
| Data Practices Notice 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. | Resident <input type="checkbox"/> Non-resident |
| | | NAME OF INSURANCE AGENCY/CO. | PHONE NUMBER |
| Cancellation 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. | | ADDRESS | |
| | | CITY | STATE |
| | | 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

This insurance form has been filed with the Minnesota Department of Commerce pursuant to Minnesota Statutes, section 60A.39, Subd. 5.



CC0515

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

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
Web Site: 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. |
|---|------------------------|-------------------|

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 |
|---------------------------------|-------|------|

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 audio



Certificate of Responsible Individual Satellite System Installer

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

E-mail: DLI.License@state.mn.us
Web Site: 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.

RESPONSIBLE LICENSED INDIVIDUAL (Satellite System Installer)

| | | | | |
|---|-------------------------------------|------------------------------|-----------------------|--------------------------------------|
| FULL LEGAL LAST NAME | | FULL LEGAL FIRST NAME | MI | SUFFIX (Sr., Jr., I, II, III) |
| RESIDENTIAL ADDRESS | | CITY | STATE | ZIP |
| PUBLIC MAILING ADDRESS (if different from residential address) | | CITY | STATE | ZIP |
| SOCIAL SECURITY NUMBER | Satellite System Installer # | DAYTIME TELEPHONE | E-MAIL ADDRESS | |

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;

Pursuant to M.S. § 3236B.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 satellite broadcast communication system work on behalf of the contractor and I am prohibited from being employed in any capacity performing electrical work for 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 |
|---|-------------|