

## Residential Roofer License Checklist

Incomplete or inaccurate application forms will delay processing.

**Except for the Certificate of Good Standing and/or Certificate of Assumed Name, all forms and documents must include original signatures. Photocopies are not acceptable.**

- License Fees:** \$100.00
- Secretary of State (SOS)** – A copy of current SOS registration which indicates certificate of good standing and/or Certificate of Assumed Name issued by the Office of the Secretary of State (SOS) (not required for an individual (sole proprietor) or partnership when the individual's and all partners' own true full names are used in the company name). SOS may be contacted at [www.sos.state.mn.us](http://www.sos.state.mn.us) or (651) 296-2803.
- Application for Residential Roofer License Form**, completed and signed by one of the officers listed on the Disclosure of Business Owners, Partnership, Officers and Members form. If a partnership then all partners must sign this application.
- Disclosure of Business Owners, Partners, Officers and Members** list all shareholders owning more than 10 percent of the outstanding stock in the corporation.
- Qualified Person (QP) Form:** If you are a NEW QP complete the Qualifying Person Information and New Qualified Person Requirements and Qualifying Person Business/Employment History of the past 5 years. If this is a Renewal of a QP complete the Qualifying Person Information, the Renewal of a Qualified Person Continuing Education Requirements and Qualifying Person Business/Employment History of the past 5 years. ALL must sign and date on bottom of QP form.
- Background Disclosure Form** - All applicants, Owners, Officers, Partners, or Members must answer questions 1 through 11. Attached a written, detailed explanation for any questions answered "YES" on the background disclosure form. Only if you are a new contractor or have changed/added new Owners, Partners, Officers or Members.
- BCA Form:** Bureau of Criminal Apprehension Criminal Background Check  
All applicants, Owners, Officers, Partners, or Members must answer questions 1 through 11.  
This form only needs to be completed if you are a new contractor or you have changed/added Owner, Partners, Officers or Members.
- Roofer Bond Form:** Must be an original bond done by the surety company (please contact your insurance agent) must also include Power of Attorney form, signed, acknowledged (notarized). Note: Please make sure that one of the owners, officers, partners or members sign and notarized the bond. No altered or photocopies will be accepted.
- Certificate of Insurance (NOT on an ACORD form)** – Must use Labor and Industry form.
- Workers' Compensation Certification of Compliance Form:** Please complete even if you have no employees.
- Mail Completed Application Forms** to: Minnesota Department of Labor and Industry, Attn: Financial Services / Residential, PO Box 64217, St. Paul, MN 55164-0217

**All of the above forms may also be found on our website at [www.doli.state.mn.us/cldforms](http://www.doli.state.mn.us/cldforms)**

## Instructions for Completing the Application for Residential Roofer License

**Fill out the application form completely  
Incomplete or inaccurate application will delay processing.**

**The appropriate fee must be submitted with the application:**

**Residential Roofer License Fee \$100.00**  
**(New License; License Renewal; Business Structure Change)**

**Depositing of a license fee means that the fee was received. It does not mean a license was granted, reinstated, or renewed.** This application will not be approved and the license applied for will not be renewed or issued unless all of the conditions identified on this application and in M.S. § 326.842 are in compliance. Checks returned for nonpayment will be charged a \$30 fee (M.S. 604.113, subd. 2). Note: Pursuant to M.S. § 326B.082, the Department may revoke, suspend or refuse to issue any license granted when the licensee and/or applicant knowingly and willfully makes a false statement in any license application.

Make check payable to: **Department of Labor and Industry** (Mail to: **Address on Application Form**)

The box numbers on the application correspond with the numbered items in the following instructions.

1. You must register ALL business names along with the Assumed Name (dba) for your company. Please Contact Office of the Minnesota Secretary of State, Minnesota State Retirement Building, 60 Empire Drive, St. Paul, MN 55103, (651) 296-2803 [www.sos.state.mn.us](http://www.sos.state.mn.us). Licenses are not processed until your business name is registered with SOS.
2. Business type (check only one). If your business type is not listed, check "other" and write in business type (must be a recognized business type and registered with Minnesota Secretary of State (SOS) Office).
3. Business Telephone Number
4. Fax Number of person signing the application.
5. E-mail address of person signing the application.
6. Legal Business Name of Contractor. Except for an individual (sole proprietor) or a partnership making application using the individual's or all partners' own full true name(s) as the contractor name, the name identified on the Certificate of Assumed Name or Certificate of Authority issued by the Office of the Secretary of State shall be used on all forms used to apply for any contractor license issued by the Department. **Examples of business names:**

**An individual without an assumed name** - John Doe or John Doe Roofing

An individual using their full true name as in the example above are not required to register with the Secretary of State

**An individual with an assumed name** - John Doe dba Assumed Name

**A partnership with an assumed name** - John Doe and James Doe dba Assumed Name

**A corporation** - Company Name Inc.

**A corporation with an assumed name** - Company Name Inc. dba Assumed Name

**A limited liability company** - Company Name, LLC or LLP

Additional business, tax, and employment information can be found in a *Guide to Starting a Business in Minnesota* at [www.deed.state.mn.us/bizdev/start.html](http://www.deed.state.mn.us/bizdev/start.html) A copy is available without charge from the Minnesota Department of Employment and Economic Development, Small Business Assistance Office. Telephone (651)-296-3871 or 1-800-310-8323.

7. Doing Business As (DBA) – This part is only completed if you are an individual proprietor or a corporation using an assumed name.
8. Business Address. PO Box numbers are not acceptable.
9. Mailing Address (if different from above). A PO Box address may be used.
10. If the residential roofing business is conducted at locations other than the address shown under 8 or 9, list those addresses and phone numbers below. All out-of-state businesses, except those in states contiguous with Minnesota (North Dakota, South Dakota, Iowa and Wisconsin) must provide their Minnesota place of business (registered office or registered agent) and telephone number.
11. Except for individual (sole proprietor) or one-member limited liability companies without employees or taxable sales, all companies must furnish their business Federal Employer Identification Number and Minnesota Identification Number. Tax numbers are available from the state or federal revenue agencies. Their telephone numbers are:

Minnesota Identification Number	(651) 282-5225
Federal Employer Identification Number	1-800-829-4933
Employment & Economic Development (Unemployment Insurance)	(651) 296-6141
Labor and Industry (Workers' Comp Insurance)	(651) 284-5005 or 1-800-342-5354
Revenue (if making retail sales in Minnesota)	(651) 296-6181 – Corporate and Sales Tax Division

12. Does the company have employees? All officers of corporations are employees under the Workers' Compensation Law except for closely held corporations meeting the requirements of M.S. § 176.012. Please complete the enclosed Certificate of Compliance Minnesota Workers' Compensation Law and submit it with the contractor license application forms. Workers' Compensation insurance policy number cannot be in pending status. The State Unemployment Insurance Account Number is generally not issued until the first payroll report is filed with Unemployment Insurance Minnesota, Department of Employment and Economic Development.
13. Write in the name of your Insurance Company, policy number and expiration date of policy and submit the Certificate of Insurance with the application. A policy number must be on the certificate of insurance. No policy number pending status. An original Certificate of Insurance form must be submitted. Photocopies and faxes are not acceptable. ACORD language is not acceptable.
14. Write in the name of your Bond Company and submit the \$15,000.00 Residential Roofer Bond form and Power of Attorney form with the application. The original Bond and Power of Attorney form must be submitted. Photocopies are not acceptable.
15. Qualifying Person Information: The name, social security number, license number, expiration date, address, and telephone number of the qualified person to perform residential roofing work. There must be one and only one person listed in box 15. Submit completed Qualified Person Form with application.  
  
**Note:** Minnesota Statutes section 270C.72, Tax Clearance; Issuance of Licenses requires Minnesota residential roofer license applicants to provide their Minnesota ID and the social security numbers of all individual owners, partners, officers and members of the business entity. If new qualified person, attach original exam score reports for both the MN Business and Law exam and the MN Trade exam. Note: Examination results expire after two years. If the applicant was a qualifying person previously, please complete the Qualified Person Form continuing education (CE) information section.
16. Sign and date Application for Residential Roofer License form. This application must be signed by one of the listed individuals on the attached Disclosure of Business Owners, Partners, Officers and Members form. Note: If the company is a partnership or a limited liability partnership, all partners and members must sign the application.

**Note:** Pursuant to M.S. § 326B.082, the Department may revoke, suspend or refuse to issue any license granted when the licensee and/or applicant knowingly and willfully makes a false statement in any license application. If the company is a partnership or a limited liability partnership, all partners and members must sign the application.

**This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.**

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services / Residential  
 PO Box 64217  
 St. Paul, MN 55164-0217  
 Phone: (651) 284-5034  
 Fax: (651) 284-5743  
 E-mail: DLI.License@state.mn.us  
 Online: www.doli.state.mn.us/license

# Application for Residential Roofer License

For the period April 1, 2008 through March 31, 2009

**Make a copy of this application for your records**

Renewal     New     Business Structure Change

**PRINT IN INK or TYPE.** Unreadable or illegible applications will be denied.

Contractor License Number (if applicable) \_\_\_\_\_  
**SPACE IN BOX FOR OFFICE USE ONLY**

Date Stamp	Date Pd _____ Amt Pd _____ Late Fee Pd _____ Check # _____
	License # _____ Interagency Pymt _____ Source Code <b>4091</b>

The information you provide on this application will be used to determine if you meet the license requirements. Before a license is issued to you, M.S. § 270C.72, subd 4, requires you to provide your social security number. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under M.S. § 13.41, the information that you provide on this application, except for your name, and address is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Once you are licensed, the information becomes public data (except for social security numbers) and will be part of the agency's permanent records.

**License fee: \$100**  
**New License, License Renewal, or Business Structure Change**

**Make check payable to: Department of Labor and Industry**  
 Checks returned for nonpayment will be charged a \$30 fee (M.S. 604.113, subd. 2 and immediate suspension of the license, if issued to the licensee before return of the dishonored payment.

**Depositing of license fee means the fee was received.**  
 It does not mean a license was granted, reinstated, or renewed. This application will not be approved and the license applied for will not be renewed, reinstated or issued unless all of the conditions identified on this application and in Minnesota Statutes § 326.842 are complied with.

1. **MINNESOTA SECRETARY OF STATE (SOS) REGISTRATION:** Is your business name(s) registered with SOS?  Yes  No. Except when an individual or partnership is doing business under their own true full legal first and last name(s). All businesses and assumed names (dba) must be registered with the Office of the Secretary of State, Minnesota State Retirement Building, 60 Empire Drive, St. Paul, MN 55103, (651) 296-2803, www.sos.state.mn.us. Licenses are not processed until your business name is registered with SOS. Attach a copy of ALL current year's filing with SOS. (Note: You must register your business name yearly with SOS, however, an assumed name must be renewed every 10 years. Please contact SOS for further information.)

2. **BUSINESS TYPE (check only one)**

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

State business is organized in: \_\_\_\_\_

3. BUSINESS TELEPHONE NUMBER \_\_\_\_\_ 4. FAX TELEPHONE NUMBER \_\_\_\_\_ 5. E-MAIL ADDRESS \_\_\_\_\_

6. LEGAL BUSINESS NAME OF CONTRACTOR Individual name only if no company name used - See instructions

7. DBA (doing business as name) (if applicable)

8. BUSINESS ADDRESS	CITY	STATE	ZIP CODE	COUNTY
9. MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE	COUNTY

**THE SECOND PAGE MUST BE COMPLETED**

<b>FOR OFFICE USE ONLY</b>	SOS	APPLICATION	OFFICER	BOND	LIABILITY INS
WC INS	QP	BCA	QUESTIONAIRE	EFFECTIVE DATE	APPROVED BY

10. If residential roofer contracting business is conducted at locations other than the address shown under #8 or #9, list address and phone number below. Out of state businesses, except states contiguous with Minnesota, must provide their Minnesota place of business and telephone number.

STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER (area code)
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11. 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: (See the application instructions if the company is from outside of Minnesota and is not required to withhold Minnesota income taxes.)

FEDERAL EMPLOYER TAX NO (FEIN) (if applicable)	MINNESOTA TAX NO (MN ID) (if applicable)
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12. Do you have employees?  Yes  No. You must also complete the workers' compensation insurance form located on our Website at [www.doli.state.mn.us/ccldforms](http://www.doli.state.mn.us/ccldforms).

WORKERS' COMP INS POLICY #	INSURANCE COMPANY NAME	STATE UNEMPLOYMENT INS ACCT #
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13. Name of Insurance Company (Certificate of Insurance showing evidence of general liability insurance in the amounts required under M.S. § 326.94, subd. 2. This form is located on our Website at [www.doli.state.mn.us/ccldforms](http://www.doli.state.mn.us/ccldforms)).

NAME OF INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE
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14. Name of Bonding Company (\$15,000.00 performance bond attached)

BONDING COMPANY NAME	BOND NUMBER
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15. Qualifying Person: This is to certify that I am or have in my employ a qualified person who will be actively responsible for the performance of all residential roofing and of all such work, in accordance with the requirements of M.S. §§ 326.84.

LAST NAME	FIRST NAME	MI	TITLE	Date of Birth	SOCIAL SECURITY NO.	
RESIDENTIAL ADDRESS			CITY	STATE	ZIP CODE	TELEPHONE NO.

16. This is to certify that the business entity and qualifying person making this application is in compliance with the provisions of M.S. § 326.842, including:

- (a) Compensation of any employee doing residential roofing work will be reported on an Internal Revenue Service W-2 form.
- (b) All building permits and building permit applications will be obtain pursuant to local building permit requirements and include the issued license number and name shown on the contractor's license, and if in a jurisdiction that has not adopted the State Building Code on the site plan review or zoning permit.
- (c) All contracts to perform residential roofing work, for which a license is required, will be in the name shown on my residential roofer's license and include the issued license number.
- (d) All business forms and advertising (e.g., signs, vehicles, business cards, published display ads, flyers, brochures, websites, and internet ads) will be in the name shown on my contractor's license and include the issued license number.
- (e) I will immediately notify the Department in writing of any change of address, telephone number, change of business structure, change of Qualified Person, employment of others, or other information required on my application
- (f) I understand and accept that the Department of Labor and Industry pursuant to M.S. 326B.082 may revoke, suspend or limit this license or refuse to issue a license if I knowingly and willfully made a false statement in this application.

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. If partnership then all partners must sign below:

APPLICANT SIGNATURE (Owner, Partner, Member, President, Vice President)	TITLE	DATE OF APPLICATION
PARTNERSHIP SIGNATURE	TITLE	DATE OF APPLICATION
PARTNERSHIP SIGNATURE	TITLE	DATE OF APPLICATION

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

**PRINT IN INK or TYPE**

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

Minnesota Statutes § 270C.72, Tax Clearance; Issuance of Licenses, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Identification Number and the social security numbers of all individual owners, partners, officers, and members of the business entity. 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.

If the business is an Individual, partnership, corporation, foreign corporation or a limited liability company, the names, addresses, social security numbers, and signatures of all additional owners, partners, officers, or members must be completed on this form. Please copy this form if you need additional space.

LEGAL BUSINESS NAME OF CONTRACTOR Individual name only if no company name used - See instructions

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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**LIST ALL Owners, Officers, Partners, or Members**

LAST NAME	FIRST NAME	MI	% OF OWNERSHIP	SOCIAL SECURITY NO (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
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LAST NAME	FIRST NAME	MI	% OF OWNERSHIP	SOCIAL SECURITY NO (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
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LAST NAME	FIRST NAME	MI	% OF OWNERSHIP	SOCIAL SECURITY NO (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
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LAST NAME	FIRST NAME	MI	% OF OWNERSHIP	SOCIAL SECURITY NO (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
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Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services  
 PO Box 64217  
 St. Paul, MN 55164-0217  
 Phone: (651) 284-5034  
 Fax: (651) 284-5743  
 E-mail: DLI.License@state.mn.us  
 www.doli.state.mn.us/license

## Qualifying Person Form

### Residential Building Contractor Residential Roofer

Renewal     New     Change

PRINT IN INK or TYPE your responses  
**Make a copy for your records.**

**QUALIFYING PERSON INFORMATION**

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 prior to this application. You may retake the exam or attach Continuing Education (CE) Course Completion Certificate(s) documenting seven hours of continuing education for each license period after the expiration of the examination results.

**Renewal of Qualified Person (QP) Continuing Education Requirements:**

Please complete the following continuing education information. Examination results expire after two years. You are required to take seven (7) hours of CE for each license period after the expiration of the examination results. The first year CE must include one (1) hour of Lead and one (1) hour of Energy. 1 hour of energy is needed for each year thereafter. You may submit Course Completion Certificate(s). You may also 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 Department of Labor and Industry.

All CE providers/courses must be preapproved by Department of Labor and Industry for Residential Roofer 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.**

Course Number	Course Title	Course Sponsor or School	Credit Hours	Date Completed

**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.**

## Background Disclosure Form

### All applicants must answer questions 1 through 11.

Minnesota Statutes § 327B.04, Subd. 3 requires the disclosure of certain criminal, civil action, and financial information from the applicant and its directors, officers, limited or general partners, controlling shareholders or affiliates. Under M.S. § 13.41 the information provided by individuals on this form is private data while the application is pending and then becomes public pursuant to Minnesota Statutes, Chapter 13 after the license is issued. Failure to submit the Background Disclosure Form, or failure to answer one or more of the questions, or failure to disclose any material information, or make false or misleading statements with respect to any material fact is cause to deny, suspend or revoke the license.

Answer "yes" if the applicant or the applicant's principal manager, owners, partners, officers, directors, shareholders owning more than 10 percent of the corporation's stock, LLC owners/governors, managers or employee exercising management or policy control have ever:

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. \_\_\_\_\_  Yes  No
2. Been the subject of any inquiry or investigation 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.  Yes  No
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:  
a) a written statement, signed and dated by applicant, explaining the circumstances of each incident;  Yes  No  
b) a copy of the Notice of Hearing or other document that states the charges and allegations; and  
c) a copy of the official document that establishes the resolution of the charges or any final judgment.
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:  
a) a written statement, signed and dated by applicant, explaining the circumstances of each incident;  Yes  No  
b) a copy of the charging document;  
c) a copy of the official document that establishes the resolution of the charges or any final judgment; and  
d) if currently on probation, attach a letter from probation officer stating your compliance with terms of probation.
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.  Yes  No
6. Been notified by the commissioner of the Department of Revenue, pursuant to Minnesota Statutes, Section 270.72, that you currently owe the State of Minnesota any delinquent taxes? **If yes**, attach written explanation signed and dated by applicant, including specific dates.  Yes  No
7. 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: \_\_\_\_\_  Yes  No
8. 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  Yes  No
9. 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 8.  Yes  No
10. Currently possess any unclaimed property (unclaimed funds or property more than three years old) that has not been reported as required by Minnesota Statutes, section 345.37?  Yes  No
11. 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 8: 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.  Yes  No

### CERTIFICATION

I certify all of the information submitted in this application 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
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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.

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
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PO Box 64217  
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Fax: (651) 284-5743  
E-mail: DLI.License@state.mn.us  
www.doli.state.mn.us/license

**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

## Instructions for Completing Residential Roofer Contractor Bond

### THE ORIGINAL BOND FORM MUST BE FILED WITH THE APPLICATION – COPIES WILL NOT BE ACCEPTED.

The Surety Company may use its own form. Regardless of whether the Department's bond form is used or whether the Surety Company uses their own form, the expiration date for a Residential Roofer Contractor Bond **must be March 31, 2009**. The bond shall be effective and run concurrently with the license period from the date the license is granted and shall expire on **March 31, 2009**.

When the Department supplied bond form is used, it must be completed as follows: (Surety Company provided bond forms are completed in a similar manner with the same language that is on the Departments Bond form).

Bond number: The Bond number must be issued. **It cannot be marked "pending."**

**The Business name** including the assumed name (doing business as (dba)) shall be **exactly the same** as the applicant used on their "Application for Residential Roofer License Form" and all other forms. The business name that an applicant uses to identify themselves must be filed or registered with the Office of the Secretary of State. *Note: Only individual (sole proprietor) or partnership business types using their own true full name(s) of the individual or all partners as part of the business name are not required to be registered with the Office of the Secretary of State. See below examples:*

**An individual without an assumed name** - John Doe or John Doe Roofing

An individual using their full true name as in the example above are not required to register with the Secretary of State

**An individual with an assumed name** - John Doe dba Assumed Name

**A partnership with an assumed name** - John Doe and James Doe dba Assumed Name

**A corporation** - Company Name Inc.

**A corporation with an assumed name** - Company Name Inc. dba Assumed Name

**A limited liability company** - Company Name, LLC or LLP

The address of the Business (must be the same as entered on the Application for Residential Roofer License Form).

The name of the Surety (Bonding) Company.

The surety company's address and telephone number.

The state that the Surety Company is organized in.

The date the Bond was signed and surety sealed by the power of attorney.

Signature of Principal. If the Business is an individual owner, the owner must sign bond; if a partnership, all partners must sign bond; if a limited liability partnership, all partners must sign bond; if a corporation, an officer must sign bond; and if another business entity, a person with delegated authority must sign bond. The individual(s) signing the bond for the business must be identified as the **Owners**, all **Partners** of partnerships, all **Officers** of corporations (Inc), all **Partners** of limited liability partnerships (LLP) , all Limited Liability Company **Members (LLC)**, and all **Principals** of other business types as listed on the Application for Residential Roofer License Form.

Name of Surety (Bonding) Company.

Signature of Attorney in Fact (Surety Company).

**VERY IMPORTANT!** The bond form must be notarized as follows: (A) or (B) AND (C) below

- A. If the business is an Individual, Partnership, or a Limited Liability Company, the bond form must be notarized in the block on the upper one-third of the form. **ALL SIGNATURES NEED TO BE NOTARIZED.**
- B. If the business is a Corporation, the bond form must be notarized in the block in the center one-third of the form.
- C. The block in the lower one-third of the form must be notarized by the Surety company.

The original Power of Attorney form must be attached.

**When the Surety Company completes the Bond, it must be returned to the Business to be signed by the principal. The Business shall have the Bond notarized on the back in the appropriate block (Box A or B). Bonds that have the conditions of the Bond modified in any manner will not be accepted, and the application will be returned to the submitter.**

**NOTE TO SURETY: DO NOT SEND BOND FORM TO THE DEPARTMENT OF LABOR OF INDUSTRY. BOND FORMS MUST BE SIGNED BY THE PRINCIPAL OF THE BUSINESS BEFORE SUBMISSION TO THE DEPARTMENT OF LABOR AND INDUSTRY.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
PO Box 64217  
St. Paul, MN 55164-0217  
Phone: (651) 284-5849  
Fax: (651) 284-5743

## Residential Roofer Contractor Bond

E-mail: DLI.License@state.mn.us  
www.doli.state.mn.us/license.html  
PRINT IN INK OR TYPE

BOND NO.	AMOUNT	EFFECTIVE DATE
	<b>\$15,000</b>	

KNOW ALL MEN BY THESE PRESENTS:

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

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

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

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

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

A corporation duly organized in the state of \_\_\_\_\_ and authorized to do business in the state of Minnesota, as Surety, are jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum of **FIFTEEN THOUSAND DOLLARS (\$15,000)** 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. § 326.94, subd. 1.

The condition of the above obligation is such, that whereas, the said Principal is licensed as a Residential Roofer Contractor. The terms of this bond shall be continuous and maintained for so long as the licensee remains licensed and shall constitute a new obligation in the sum of **\$15,000** for each annual license period for which the Principal is licensed, provided, however, that the aggregate liability for the Surety to all persons for any one annual license period shall in no event exceed the sum of **\$15,000**.

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

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on **March 31, 2009**. 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 **FIFTEEN THOUSAND DOLLARS (\$15,000)**.

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 reverse side and attach power of attorney form.**

File with: Minnesota Department of Labor and Industry  
CCLD – Licensing and Certification  
PO Box 64217  
St. Paul, Minnesota 55164-0217

\_\_\_\_\_  
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 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 \_\_\_\_\_

## Instructions for Filling Out Certificate of Insurance

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.

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

1. Select the insured's license type from the available list and enter the insured's license number. Note: New applicants will leave License No blank.
2. The insured name must be the legal name of the business entity as used on the business or contractor license application form and all other forms. The business/contractor name that an applicant uses to identify themselves must be filed or registered with Minnesota's Office of the Secretary of State. *Note: Only individual (sole proprietor) or partnership business types using their own true full name(s) of the individual or all partners as part of the business name are not required to be registered with the Office of the Secretary of State.* Contact: 651-296-2803; 1-877-551-6767.
3. The DBA (doing business as) name is the assumed name for the insured entity, if different from the contractor's or business's legal name, as filed or registered with the Minnesota Office of the Secretary of State.
4. Physical street address for the licensed business entity (location from where the business is operated) and mailing address, if different from the physical street address.
5. Insurance policy information must include the "policy number," dates of coverage, aggregate limit of the general liability coverage on the policy, name of the insurance company licensed to do business in the state of Minnesota, and check the box to certify that the insurance policy meets the minimum statutory insurance requirements detailed on the form.
6. Name of person who certifies insurance coverage (name of agent, corporate officer, or other authorized representative), insurance agent's license number, insurance agency's name and address, insurance agency's phone number.
7. Signature of the agent certifying the insurance coverage and the date certificate was signed.

### Certificate of Insurance Laws (Excerpts)

Reprinted below are excerpts of the applicable laws requiring liability insurance for contractor/business licenses regulated by DLI. The laws excerpted below are as enacted or changed by the 2007 Minnesota Legislature and their effective date.

#### **326.242, Subd. 6b (as amended) – Electrical Contractor, Elevator Contractor, Technology System Contractor**

**Effective 12/01/2007**

Each contractor shall have and maintain in effect general liability insurance, which includes 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. Such insurance shall be written by an insurer licensed to do business in the state of Minnesota and each contractor shall maintain on file with the commissioner a certificate evidencing such insurance which provides that such insurance shall not be canceled without the insurer first giving 15 days written notice to the commissioner of such cancellation. (Minn. Session Laws 2007, Chapter 140, Article 5, Section 20)

#### **326.40, Subd. 2 (as amended) – Plumbing Business**

**Effective 12/01/2007**

...In addition, each applicant for a master plumber license or renewal thereof, shall provide evidence of public liability insurance, including products liability insurance with limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000. The insurance shall be written by an insurer licensed to do business in the state of Minnesota and each licensed master plumber shall maintain on file with the commissioner a certificate evidencing the insurance providing that the insurance shall not be canceled without the insurer first giving 15 days written notice to the commissioner. The term of the insurance shall be concurrent with the term of the license. (Minn. Session Laws 2007, Chapter 140, Article 6, Section 8)

#### **326.48, Subd. 4 (as amended) – High Pressure Piping Business**

**Effective 12/01/2007**

...each applicant for a high pressure pipefitting business license or renewal shall have in force public liability insurance, including products liability insurance, with limits of at least \$100,000 per person and \$300,000 per occurrence and property damage insurance with limits of at least \$50,000. The insurance must be kept in force for the entire term of the high pressure pipefitting business license, and the license shall be suspended by the department if at any time the insurance is not in force. The insurance must be written by an insurer licensed to do business in the state and shall be in lieu of any other insurance required by any subdivision of government for high pressure pipefitting. Each person holding a high pressure pipefitting business license shall maintain on file with the department a certificate evidencing the insurance. Any purported cancellation of insurance shall not be effective without the insurer first giving 30 days' written notice to the department. (Minn. Session Laws 2007, Chapter 140, Article 10, Section 8)

#### **326.601, Subd. 2 (b) (as amended) – Water Conditioning Contractor**

**Effective 12/01/2007**

The insurance shall provide coverage, including products liability coverage, for all damages in connection with licensed work for which the licensee is liable, with personal damage limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000. The insurance shall be written by an insurer licensed to do business in this state and a certificate evidencing the insurance shall be filed with the commissioner. The insurance must remain in effect at all times while the application is pending and while the license is in effect. The insurance shall not be canceled without the insurer first giving 15 days' written notice to the commissioner. (Minn. Session Laws 2007, Chapter 140, Article 7, Section 5)

#### **326.94, Subd. 2 (as amended) – Residential Building Contractor, Remodeler, Roofer, Manufactured Home Installer**

**Effective 8/01/2008**

Each licensee shall have and maintain in effect commercial general liability insurance, which includes 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 \$25,000 or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits. The insurance must be written by an insurer licensed to do business in this state. Each licensee shall maintain on file with the commissioner a certificate evidencing the insurance which provides that the insurance shall not be canceled without the insurer first giving 15 days' written notice of cancellation to the commissioner. The commissioner may increase the minimum amount of insurance required for any licensee or class of licensees if the commissioner considers it to be in the public interest and necessary to protect the interests of Minnesota consumers. (Minn. Session Laws 2008, Chapter 337, Section 40)

#### **327B.04, Subd. 4 (c) (2) (as amended) – Manufactured Home Manufacturer, Manufactured Home Dealer (subagency dealer)**

**Effective 12/01/2007**

...(2) a certificate of liability insurance in the amount of \$1,000,000 that provides coverage for the agency and each subagency location. (Minn. Session Laws 2007, Chapter 140, Article 7, Section 5)

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services  
 PO Box 64228  
 St. Paul, MN 55164-0228  
 Phone: (651) 284-5080  
 Fax: (651) 284-5743  
 TTY/MRS: (651) 297-4198  
 E-mail: DLI.License@state.mn.us  
 www.doli.state.mn.us/license

## Certificate of Insurance Covering General Liability and Property Damage

**(This completed Certificate of Insurance must be submitted with an application form, renewal form or when updating insurance policy coverage. An ACORD form or any other Certificate of Insurance will not be accepted.)**

### 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 326.94, Subd. 2.

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)	
Residential Roofing Contractor			
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)
		General Liability	Aggregate (Policy)
		General Liability	\$
DBA ("doing business as" or also known as an assumed name) (if applicable)		STATUTORY REQUIREMENT	
STREET ADDRESS (no PO Box)		Policy provides commercial general liability insurance, which includes 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 \$25,000 or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits.	
CITY	STATE		
MAILING ADDRESS (if different from above)		<input type="checkbox"/> <b>Check</b> Insurance policy meets the minimum statutory requirements	
CITY		NAME OF INSURANCE COMPANY	
STATE		INSURANCE AGENT'S NAME (Print)	
ZIP CODE		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
<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.		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
		ADDRESS	
		CITY	STATE
<b>Cancellation</b> Notwithstanding the expiration dates set forth in this certificate, should this policy be canceled or not renewed, the issuing company will provide 15 days advance written notice to the Certificate Holder of such cancellation or nonrenewal.		INSURANCE AGENT'S SIGNATURE	DATE

**OFFICE USE ONLY**  
 Date of DLI Receipt

**Certificate Holder**

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services  
 PO Box 64228  
 St. Paul, MN 55164-0228

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
PO Box 64228  
St. Paul, MN 55164-0228  
Phone: (651) 284-5080  
Fax: (651) 284-5743  
www.doli.state.mn.us/license  
dli.license@state.mn.us

## Certificate of Compliance Minnesota Workers' Compensation Law

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

**PRINT IN INK or TYPE.**

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

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

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
--	------------------------	-------------------

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 ("doing business as" or also known as an assumed name) (if applicable)

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

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

### NUMBER 1

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
------------	----------------	-----------------

### NUMBER 2

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- 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 a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.