

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

# Municipal Building Official & Accessibility Specialist Certification Examination Application

**\$50.00 APPLICATION FEE** is due with your application and is **non-refundable**. Cash is not accepted.

**Select the license you are applying for:**

- Certified Building Official – Limited (BOL)
- Certified Building Official (BO)
- Accessibility Specialist (AS)

|  |     |    |
|--|-----|----|
| Is this a license exam retest?   | Yes | No |
| <ul style="list-style-type: none"><li>If Yes, submit application only, do not send supporting documentation</li></ul>  |     |    |
| <b>NOTICE:</b> Checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional bank fees (MN Statute § 604.113). |     |    |

| OFFICE USE ONLY              |                              |                             |                  |
|------------------------------|------------------------------|-----------------------------|------------------|
| Account Number               | 632404                       | STK                         | B24BOCERT        |
| Check Number                 |                              | Amount Paid                 |                  |
| <input type="checkbox"/> PCK | <input type="checkbox"/> CCK | <input type="checkbox"/> MO | DLI Deposit Date |
| Application Number           |                              |                             |                  |

**Application prerequisites & requirements** ([Minnesota Rule 1301.0300](#))

- Certified Building Official – Limited: 30 points required .....Complete pages **1 – 4** and checklist at the end of page **5**.
- Certified Building Official: 100 points required.....Complete pages **1 – 3** and checklist at the end of page **5**.
- Accessibility Specialist: No prerequisites.....Complete pages **1 & 4** and checklist at the end of page **5**.

**Application, supporting documentation, and payment can be submitted in one of two ways:**

- Online:** <https://www.dli.mn.gov/ims>
- Mail:** Make check or money order payable to Minnesota Department of Labor and Industry.  
MN Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road No.  
St. Paul, MN 55155

**PRINT IN INK OR TYPE. MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS.**

**Provide Contact Information.**

The information provided will be used by the Department of Labor and Industry (DLI) to determine if you meet DLI’s registration requirements. Except for your Social Security 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 denial. 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 registered, 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.

|  |                            |                          |  |                          |
|--|----------------------------|--------------------------|--|--------------------------|
| Social Security Number   | Date of Birth (MM/DD/YYYY) | Phone                    | E-mail   |                          |
| Legal Last Name  |                            | Suffix (Jr, Sr, II, III) | Legal First Name   | Legal Middle Name        |
| Residential Address  |                            |                          | Public Mailing Address (If different from residential address) |                          |
| City   | State                      | Zip Code                 | City   | State<br>Zip Code        |
| Is the Residential address above a non-designated (private) address?   |                            |                          |  |                          |
| Yes      No      If <b>YES</b> , then you must provide a designated (Public) mailing address.  |                            |                          |  |                          |
| ALL APPLICANTS: I declare that all statements made in this application and the information provided is true and complete and hereby acknowledge that I have read and understand the information above. |                            |                          |  |                          |
| Applicant Signature  |                            |                          |  | Date signed (MM/DD/YYYY) |

**Fill out qualification summary. Attach supporting documentation for verification.**

## Minnesota Rule 1301.0300

(6/2024)

**BOL & BO APPLICANTS ONLY:**  
**Provide summary of relevant employment history if claiming points for work experience.** (Attach additional pages if needed.)

|                   |            |   |                      |           |
|-------------------|------------|---|----------------------|-----------|
| Employer          |            | Phone Number                            | Length of Experience |           |
|                   |            |   | From                 | To        |
| Residential       |            | Commercial                              | Municipal            |           |
| Position          | Supervisor | Contractor License # (If Self-employed) | Mo. / Yr.            | Mo. / Yr. |
| Major Activities: |            |   | Full-time            |           |
| 1.                |            |   | Part-time_____hrs/wk |           |
| 2.                |            |   |                      |           |
| 3.                |            |   |                      |           |
| Address           |            | City                                    | State                | Zip Code  |

|                   |            |   |                      |           |
|-------------------|------------|---|----------------------|-----------|
| Employer          |            | Phone Number                            | Length of Experience |           |
|                   |            |   | From                 | To        |
| Residential       |            | Commercial                              | Municipal            |           |
| Position          | Supervisor | Contractor License # (If Self-employed) | Mo. / Yr.            | Mo. / Yr. |
| Major Activities: |            |   | Full-time            |           |
| 1.                |            |   | Part-time_____hrs/wk |           |
| 2.                |            |   |                      |           |
| 3.                |            |   |                      |           |
| Address           |            | City                                    | State                | Zip Code  |

|                   |            |   |                      |           |
|-------------------|------------|---|----------------------|-----------|
| Employer          |            | Phone Number                            | Length of Experience |           |
|                   |            |   | From                 | To        |
| Residential       |            | Commercial                              | Municipal            |           |
| Position          | Supervisor | Contractor License # (If Self-employed) | Mo. / Yr.            | Mo. / Yr. |
| Major Activities: |            |   | Full-time            |           |
| 1.                |            |   | Part-time_____hrs/wk |           |
| 2.                |            |   |                      |           |
| 3.                |            |   |                      |           |
| Address           |            | City                                    | State                | Zip Code  |

The state has the right to verify information provided in this application. False information may subject an applicant to disqualification or decertification. In connection with this application, I authorize the State of Minnesota and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Submission of this application releases the State of Minnesota, and any agent acting on its behalf, from any and all liability.

YES                      YES, but not present employer                      NO (We may be unable to process your application without this information.)

**BE SURE TO INCLUDE ALL INFORMATION REQUIRED ABOVE, INCLUDING SUPPORTING DOCUMENTATION.**

I declare that all statements made in this application and the information provided is true and complete and hereby acknowledge that I have read and understand the information above.

|                              |                          |
|------------------------------|--------------------------|
| BOL / BO Applicant Signature | Date signed (MM/DD/YYYY) |
|------------------------------|--------------------------|

**BOL & AS APPLICANTS ONLY:**  
Select an education course date.

## Building Official - Limited & Accessibility Specialist Education Course Dates and Information

Applicants for “**Certified Building Official - Limited**” and “**Accessibility Specialist**” must attend a course specified by the State Building Official before taking the exam. You will need to select from one of two simultaneously occurring training options: in-person or via webinar. Applicants who hold a Building Inspection Technology (BIT) Certificate may waive attendance, but must provide verification. This course will be provided by the Construction Codes and Licensing Division, DLI. Applicants are responsible for expenses incurred for parking, meals, and lodging when applicable. Certificates of attendance will be awarded to those completing the course. If the course you requested is not available, you will be contacted for rescheduling. If you need an accommodation for a disability, please send an email to [bolas.dli@state.mn.us](mailto:bolas.dli@state.mn.us).

### COURSE OBJECTIVES

#### Certified Accessibility Specialist

The **one-day** Accessibility Specialist course runs from **7:30 am to 3:00 pm** and is designed to provide participants with an understanding of the scoping and technical requirements of the Minnesota Accessibility Code. The course covers an introduction to the State Building Code, Building Code Administration, Plan Review and Accessibility Provisions of the Minnesota State Building Code. The focus is on public and common-use areas in commercial, institutional, and hotel occupancy classifications. The Minnesota Accessibility Code does not regulate home modifications to customize a person’s private home for an individual disability. In addition to an in-depth look at the Minnesota Accessibility Code book, participants will review sample plans for evaluation and application of the code provisions. The focus of the program will be to prepare Accessibility Specialists for the practical application of the code provisions to commercial buildings.

#### Certified Building Official-Limited

The **five-day** Building Official-Limited course runs from **7:30 am to 4:30 pm** Monday – Friday and includes the Accessibility Specialist course. The course covers components of code administration, residential plan review and site inspections, residential energy code, radon, two-family homes & townhouses, mechanical, plumbing, manufactured structures, and commercial plan review. The courses are designed to provide knowledge of the various aspects of municipal building code enforcement work to prepare individuals for a successful career. The classes focus on practical application of the Minnesota State Building Code for single family dwellings, two-family dwellings, townhouses, and commercial buildings within the scope of the Building Official-Limited certification. The courses will concentrate on the practical application of reviewing construction documents from foundation to roof and provide examples of common construction methods along with the application of the Minnesota State Building Code to this work.

Please note, the training is **NOT** designed to be "exam prep" or provide answers to exam questions. Additional study will be necessary based on your knowledge of the topics and familiarity with the code provisions.

### COURSE OUTCOME

Participants will learn the expectations of joining a municipality as a new entrant in the field and will be able to assess a project to determine if it is within their authority to review and inspect, evaluate permit application package for completeness, and determine which scoping requirements apply to the project and evaluate whether the proposed work complies within the technical criteria of the code.

**Indicate your course selection. Applications must be received no later than one week before the first day of the course.**

- |  |  |
|--|--|
| • <b>Accessibility Specialist, Thursday, March 6, 2025. Application deadline: February 27.</b>                         |  |
| I would like to participate in-person.   | I would like to participate via webinar. |
| • <b>Building Official - Limited, Monday, March 3 - Friday, March 7, 2025. Application deadline: February 24.</b>      |  |
| I would like to participate in-person.   | I would like to participate via webinar. |
| • <b>Accessibility Specialist, Thursday, June 5, 2025. Application deadline: May 29.</b>                               |  |
| I would like to participate in-person.   | I would like to participate via webinar. |
| • <b>Building Official - Limited, Monday, June 2 - Friday, June 6, 2025. Application deadline: May 26.</b>             |  |
| I would like to participate in-person.   | I would like to participate via webinar. |
| • <b>Accessibility Specialist, Thursday, October 30, 2025. Application deadline: October 23.</b>                       |  |
| I would like to participate in-person.   | I would like to participate via webinar. |
| • <b>Building Official - Limited, Monday, October 27 - Friday, October 31, 2025. Application deadline: October 20.</b> |  |
| I would like to participate in-person.   | I would like to participate via webinar. |

I possess a BIT Certificate and choose to waive enrollment in the BOL-AS Training Program (verification must be provided).

**BOL & AS APPLICANTS ONLY:**

**WHAT TO EXPECT**

**Before the course**

Upon successful registration, you will be sent a confirmation email from the BOL/AS Program Administrator. The email will contain information about the course as well as some study material and should be reviewed prior to attending the course.

**After the course**

Within a week following the conclusion of the course, you will receive an email from DLI’s Licensing department with instructions on how to schedule an exam date online. **You cannot schedule an exam before completing the course.** You will have one year from the end of the course to take the exam or you will need to reapply for the exam, however you will not be required to take the training course again.

**LOCATION AND PARKING INFORMATION**

The Department of Labor and Industry main office is located at:

443 Lafayette Road North, St. Paul, MN 55155 Phone  
(651) 284-5005  
Toll-free 1-800-DIAL-DLI (1-800-342-5354)

Public parking is available in the Jupiter Visitor Lot or the Blue Lot **ONLY**.

- The **Jupiter lot** is located on Grove Street at the Northwest corner of the DLI lot and is sectioned off with access from Grove Street across from the Saint Paul Police Department.
- The **Blue lot** is located at the corner of University Ave E and Olive Street across from Ramsey County Detox Center.

**DLI requires that you sign in and register your vehicle (with license plate information).**

**QUESTIONS?**

- **Licensing and Certification:**  
Phone: 651-284-5031  
Email: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)
- **Building Official Limited & Accessibility Specialist Training**  
**Program:** Phone: 651-284-5867  
Email: [bolas.dli@state.mn.us](mailto:bolas.dli@state.mn.us)

**ALL APPLICANTS:**

**Verify you have completed all necessary steps.**

| Did You...  | BOL | BO | AS |
|---|-----|----|----|
| Fill out page 1.  |     |    |    |
| Fill out qualification summary on page 2.   |     |    | —  |
| Fill out employment history on page 3 (if claiming work experience points).   |     |    | —  |
| Select an education course date on page 4.  |     | —  |    |
| Provide supporting documentation to verify points claimed.  |     |    | —  |
| Include payment. Mailed applications must be accompanied by a check or money order (see payment details on page 1).<br>Online submittals will be prompted for card payment. |     |    |    |