

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing / Boat
 PO Box 64219
 St. Paul, MN 55164-0219



Email: dli.exam@state.mn.us
 Website: www.dli.mn.gov/ccld.asp
 Phone: (651) 284-5031
 TTY/MRS: (651) 297-4198

Individual Boat Master License Examination Application

**PAID APPLICATION FEE IS NOT REFUNDABLE
 CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

Application Fee = \$50.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY	SPACE IN BOX FOR OFFICE USE ONLY	
SELECT THE LICENSE YOU ARE APPLYING FOR: <input type="checkbox"/> Boat Master (boat carrying passengers for hire)	Account Number 632448 Check Number	STK B42BOILLIC Amount Paid DLI Deposit Date
Is this a license exam retest? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, application form only. No work verification forms.	<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for non-payment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	
PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS	APPLICATION NUMBER:	

REGISTERED / LICENSED INDIVIDUAL <input type="checkbox"/> MN Boat Master License (expired) <input type="checkbox"/> US Coast Guard License (expired) LICENSE NUMBER	WORK EXPERIENCE <input type="checkbox"/> 15 hours supervised training experience operating a boat for hire in Minnesota (attach completed affidavit).	CHARTER BOAT OPERATING EXPERIENCE <input type="checkbox"/> Applicants with charter boat operating experience licensed by the US Coast Guard or other State jurisdiction may provide documentation to qualify for license. (attach completed affidavit)
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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 registration requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security, 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 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)	AREA CODE & PHONE NUMBER	E-MAIL ADDRESS
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 NAME	STATE	ZIP CODE	CITY NAME STATE ZIP CODE

Is the Residential address above a non-designated (private) address? Yes No If **yes**, then you must provide a designated (Public) mailing address.

APPLICANT SIGNATURE	DATE SIGNED (MM/DD/YYYY)
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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.