

Minnesota Department of Labor & Industry
Construction Codes and Licensing Division
Licensing and Certification Services
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CONTINUING EDUCATION COURSE ATTENDANCE RECORD

Email: dli.cesponsor@state.mn.us
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PRINT IN INK or TYPE
Unreadable or illegible applications will be denied

THIS LIST MUST BE SUBMITTED TO THE DEPARTMENT WITHIN 14 DAYS OF THE PROGRAM PRESENTATION

SPONSOR ID NUMBER	SPONSOR NAME
COURSE ID NUMBER	COURSE NAME
PRESENTATION DATE	INSTRUCTOR NAME
PRESENTATION LOCATION	Sheet _____ of _____

NAME	ADDRESS (CITY/STATE)	LICENSE NUMBER	LAST 4 DIGITS OF SSN	SIGNATURE

I hereby certify that the persons listed above attended the presentation of the educational program identified above.

SIGNATURE OF INSTRUCTOR (Mandatory) DATE