Minnesota Department of Labor and Industry Construction Codes and Licensing Division Licensing / Boiler 443 Lafayette Road St. Paul, MN 55164-0219

Mailing Address: PO Box 64217 St Paul, MN 55164-0217

Email:dli.license@state.mn.usWebsite:www.dli.mn.gov/ccld.aspPhone:(651) 284-5031

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

MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

The applicant must continue to renew their Second Class A or B license for the First Class Provisional license to be valid.

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

## First Class Provisional Boiler Engineers License Application

## **Registration Fees = \$30.00**

SPACE IN BOX FOR OFFICE USE ONLY							
Account Number 632448	STK B42BOILLIC						
Check Number	Amount Paid						
PCK CCK MO   NOTICE: Pursuant to Minnesota   Statute § 604.113, checks returned   for nonpayment will be charged a   \$30 service charge and may   subject the issuer to additional civil   penalties.	DLI Deposit Date						
APPLICATION NUMBER:	LICENSE NUMBER:						

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 on this application 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 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.

To be completed and signed by the Applicant								
LICENSE NUMBER	GRADE AND CLASS (2A or 2B)		EXPIRATION DATE		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
APPLICANT LAST NA	ME	APPLI	ICANT FIRST NAME			APPLIC	CANT MIDDLE INITIAL	
RESIDENTIAL ADDRE	SS	CITY		STATE	ZIP COD	Е	TELEPHONE NO	
Is the residential address a non-designated (Private) address? 🗌 Yes 🗌 No 🛛 If <b>yes,</b> you must provide a d							esignated (Public) address.	
DESIGNATED (Public)	ADDRESS	CITY		STATE	ZIP COD	)E	TELEPHONE NO	
APPLICANT SIGNATURE							DATE	

To be completed and signed by the Chief Plant Engineer
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□ Yes		No	Applicant completed employer's internal boiler operator training program	□ Yes		No	Applicant successfully completed employer's boiler operator examination.
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## COMPANY NAME

COMPANY ADDRESS		CITY		STATE	ZIP CODE
CHIEF ENGINEER NAME	TELEPHONE NUMBER			E-MAIL ADD	DRESS
CHIEF ENGINEER SIGNATURE			DATE		

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

