



CC0509

Email: dli.cesponsor@state.mn.us
 Website: www.dli.mn.gov/ccld.asp
 Phone: (651) 284-5034

**CONTINUING EDUCATION
 SPONSOR APPLICATION**

Sponsor Fee \$100

Sponsor Renewal Fee \$100

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY
 SPONSOR FEES ARE NONREFUNDABLE**

Print in INK or TYPE

Make a copy of this application for your records

Please check the appropriate box below to identify the regulated industry for which you are requesting approval:

- Building Official
- Manufactured Home Installer
- Electrical
- Elevator
- Residential Building Contractor, Remodeler, and Roofer
- Plumbing
- Water-Conditioning Contractor

- Do not post on CE Sponsor Roster

SPACE IN BOX FOR OFFICE USE ONLY			
Account #	632423	STK	B42COURSE
Check Number	Amount Paid		
<input type="checkbox"/> PCK	<input type="checkbox"/> CCK	<input type="checkbox"/> MO	DLI Deposit Date
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.			
APPLICATION NUMBER:		COURSE 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 license requirements. Minnesota Statute § 270C.72, subd 4, requires you to provide your social security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security or Minnesota Business Identification 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 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 licensed, 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.

Federal employer Tax Number (FEIN) (if applicable)		Minnesota Tax Number or SSN Number (if applicable)	
SPONSOR LEGAL BUSINESS NAME		SPONSOR TELEPHONE	SPONSOR WEBSITE ADDRESS
PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable)		City	State Zip Code
PUBLIC MAILING ADDRESS (PO Box acceptable)		City	State Zip Code
SPONSOR CONTACT PERSON (print)		CONTACT TELEPHONE	CONTACT EMAIL ADDRESS

This is to certify that the sponsor making this application is in compliance with the provisions of M.S. §§ 326B.091-326B.099 and shall:

- Ensure compliance with all relevant law.
- Ensure students are given current and accurate information relating to laws and rules governing the applicable regulated industry.
- Supervise and evaluate courses and instructors; which include ensuring that curriculum is void of redundancy and that continuity is present throughout a course; investigating complaints concerning course offerings or instructors; maintaining accurate records relating to course offerings, instructors, and student attendance for a period of three years; and providing course completion certificates within ten days of the completed course.
- Ensure that instructors for approved courses are qualified according to the guidelines set in statute and rule, if applicable, and further acknowledge that failure to have a qualified instructor teach an approved course will result in the immediate loss of course approval.
- Prohibit courses and instructors from: 1) promoting a specific product or business; 2) encouraging students to engage the services of a particular business; 3) requiring students to participate in other programs or services offered by an instructor or the sponsor; 4) attempting to discover questions or answers on an examination for license; 5) misrepresenting any information submitted to the commissioner; 6) failing to reasonably cover all issues and concepts contained in the course outline approved by the commissioner; and 7) issuing inaccurate course completion certificates.

I have read the above statement and I hereby certify and swear to abide by the requirements of MS §§ 326B.091-326B.099 and any other state rule pertaining to continuing education in the regulated industry.

SIGNATURE OF SPONSOR CONTACT (mandatory)	DATE
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This material can be made available in different formats, such as large print, Braille or audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198