

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing / Electrical
 PO Box 64227
 St. Paul, MN 55164-0227



CC0502

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

Individual Electrical License Reciprocity 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"/> Class A Master (AM) <input type="checkbox"/> Class A Journeyman (AJ) <small>Applicant <u>will not qualify</u> if an examination for the same or greater class license was failed in Minnesota; or license was revoked or suspended. Applicant <u>will not qualify</u> if expired Minnesota electrical license was not renewed within two years of the license's expiration date.</small>	Account Number 632432 STK B42ELELIC	Check Number <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO DLI Deposit Date
Have you obtained a Minnesota electrical license through reciprocity before? <input type="checkbox"/> Yes <input type="checkbox"/> No MN LICENSE #	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:			
RECIPROCITY REQUIREMENTS <ul style="list-style-type: none"> • Hold equivalent class electrical license from reciprocating state • Held license at least one year • Passed license examination in reciprocating state 	RECIPROCATING STATE <input type="checkbox"/> Alaska (AJ only) <input type="checkbox"/> Arkansas (AJ only) <input type="checkbox"/> Colorado (AJ only) <input type="checkbox"/> Iowa (AM, AJ) <input type="checkbox"/> Montana (AJ only) <input type="checkbox"/> Nebraska (AM, AJ) <input type="checkbox"/> North Dakota (AM, AJ) <input type="checkbox"/> South Dakota (AM, AJ) <input type="checkbox"/> Wyoming (AJ only)	NAME OF LICENSE HELD IN RECIPROCATING STATE LICENSE NUMBER <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">DATE INITIALLY ISSUED</td> <td style="width: 50%; border: none;">CURRENT EXPIRATION DATE</td> </tr> </table>		DATE INITIALLY ISSUED	CURRENT EXPIRATION DATE
DATE INITIALLY ISSUED	CURRENT EXPIRATION DATE				

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 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.