



CC0517

Mailing Address:
 PO Box 64227
 St. Paul, MN 55164-0227

Certificate of Responsible Individual Master Elevator Constructor or Limited Master Elevator Constructor

E-mail: dli.license@state.mn.us Web Site:
www.dli.mn.gov/ccld.asp Directions:
<http://www.dli.mn.gov/Direct.asp> Phone:
 (651) 284-5034

Check if Change of Responsible Individual

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 Number 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. I have read the above statement and I agree to supply the data on this form with the full knowledge and understanding of the information provided in the statement above.

RESPONSIBLE LICENSED INDIVIDUAL (Master Elevator Constructor / Limited Master Elevator Constructor)

PERSONAL LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	DAYTIME PHONE NO	E-MAIL ADDRESS	
FULL LEGAL LAST NAME		FULL LEGAL FIRST	MI	NAMESUFFIX (Sr., Jr., I, II, III)
RESIDENTIAL ADDRESS		CITY, STATE, ZIP CODE		
PUBLIC MAILING ADDRESS (if different from residential address)		CITY, STATE, ZIP CODE		

ELEVATOR/LIMITED ELEVATOR CONTRACTOR LICENSE INFORMATION

LICENSE/REGISTRATION NUMBER	EXPIRATION DATE (MM/DD/YYYY)	PHONE NUMBER	E-MAIL ADDRESS	
LEGAL BUSINESS NAME				
LEGAL ASSUMED NAME (DBA) (if applicable)				
BUSINESS ADDRESS (PO Box must include street address)		CITY	STATE	ZIP CODE

This is to certify that pursuant to M.S. § 326B.164, subd. 9, I am the designated responsible licensed individual for the contractor set forth above, and as such, I will be responsible for:

1. planning, laying out, and supervising all elevator work as required by M.S. § 326B.164;
2. all elevator work in accordance with M.S. §§ 326B.163 to 326B.191;
3. ensuring that, when required, each job will be done by, or under the direct supervision of properly licensed employees of said contractor as required by M.S. § 326B.164, and that one licensed individual will supervise no more than 2 unlicensed individuals on any job than allowed by M.S. § 164 subd. 4; and
4. ensuring that an elevator permit is filed at or before the commencement of all elevator installations requiring inspection as required by M.S. § 326B.184 and Minn. Rules Part 1307.0032 and;

Pursuant to M.S. § 326B.164, Subd. 9, I understand that if I am not an owner, sole proprietor, general partner, chief manager, or corporate officer of the entity holding the contractor's license, then I must be a managing employee actively engaged in performing elevator work on behalf of the contractor and I am prohibited from being employed in any capacity as a licensed individual or licensed individual by any other contractor.

I will notify the Department 15 days in advance of resigning as the responsible licensed individual with said contractor, or immediately upon termination by said contractor.

I also understand that under M.S. § 326B.082, subd. 12, the Department may revoke, suspend or refuse to renew any license granted pursuant to the M.S. § 326B.164 if a licensee makes a false statement in any license application or otherwise violates the requirements of M.S. §§ 326B.163 to 326B.191 and Minn. Rules Chapter 1307.

SIGNATURE OF RESPONSIBLE LICENSED INDIVIDUAL (mandatory)	DATE
--	------

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