



CC0507

Mailing Address:
 P.O. Box 64217
 St. Paul, MN 55164-0217

Email: dli.license@state.mn.us
 Website: www.dli.mn.gov
 Phone: 651-284-5031

Municipal Building Official Certification Examination 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:

- Certified Building Official**
- Certified Building Official - Limited**
- Accessibility Specialist**

Account Number 632404 STK B42BOCERT

Check Number Amount Paid

- PCK** **CCK** **MO**

DLI Deposit Date

Is this a license exam retest? **Yes** **No** **If Yes, submit application form only; no supporting documentation**

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.

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

APPLICATION NUMBER:

CERTIFICATION PREREQUISITES (Minnesota Rule 1301.0300)

- Certified Building Official** and **Certified Building Official – Limited** applicants must submit Qualification Summary and supporting documentation. 100 points required for Certified Building Official. 30 points for Certified Building Official – Limited.
- Certified Building Official** and **Certified Building Official – Limited** applicants must provide Summary of Relevant Employment.
- Certified Building Official – Limited** and **Certified Accessibility Specialist** applicants provide Education Course Enrollment Form.

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 FIRST NAME	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 an audio.

The certification prerequisites are arranged in a total point accumulation system according to the certification you are applying for. You must attach supporting documentation for prerequisites claimed, degree, transcripts, employer letters, certificates, etc.

A. Education: BIT refers to building inspection technology programs offered in the community college system. Points shall be awarded as follows for successful completion of the program or courses listed:	Certified Building Official	Building Official-Limited
(1) BIT AAS degree, 100 points;		
(2) BIT certificate, 60 points;		
(3) BIT CORE certificate, 30 points;		
(4) BIT code-related courses: (a) 20 points total for the following four courses: Field Inspection; Plan Review Non-Structural; Legal Aspects of Code Administration; and, Administering the Minnesota State Building Code. Zero points if any of the courses in this unit have not been successfully completed;		
(b) upon successful completion of the courses named in unit (a), additional BIT building code courses, four points each up to a maximum accumulation of 40 points;		
(5) postsecondary courses in building construction, building construction-oriented architecture or engineering, or public administration, one point each up to a maximum accumulation of 30 points;		
(6) an associate's degree in building construction, building construction oriented architecture or engineering, or public administration, 30 points;		
(7) a bachelor's degree in building construction oriented architecture or engineering, 60 points. If points are claimed in this category, additional points may not be claimed in sub-item (5) or (6).		
B. Certification: Points shall be awarded for certifications obtained as follows:	Certified Building Official	Building Official-Limited
(1) InternationalCode Council building official examinations: (a) Legal and Management module, 50 points;		
(b) Technology module, 50 points;		
(2) International Code Council examinations: (a) building inspector, 40 points;		
(b) plans examiner, 60 points;		
(3) Minnesota class I certification, 10 points;		
(4) Minnesota certified building official-limited certification, 20 points.		
C. Experience: Points shall be awarded for experience obtained as follows:	Certified Building Official	Building Official-Limited
(1) municipal building code inspection or plan review experience under the supervision of a currently certified building official, 20 points each year up to a maximum accumulation of 80 points;		
(2) experience in the design of buildings or in the construction of buildings with specific skilled participation in the assembly of foundations, superstructures, or installation of the building's mechanical systems, 10 points per year up to a maximum accumulation of 30 points.		
D. Other education, certification and experience relating to the field of the construction industry that is not enumerated in items A to C must be given credit as determined by the State Building Inspector based on comparison with the prerequisites in items A to C.	Certified Building Official	Building Official-Limited
Write in:	For office use only	
	Total Your Points Below	
	100 point minimum	30 point minimum
For Office Use Only	Total	
Verification Signature		

List Relevant Employment		PHONE NUMBER	LENGTH OF EXPERIENCE	
EMPLOYER			FROM	TO
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MUNICIPAL				
POSITION	SUPERVISOR	CONTRACTOR LICENSE # (if self-employed)	Mo. / Yr.	Mo. / Yr.
MAJOR ACTIVITIES:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs/wk	
1.				
2.				
3.				
ADDRESS		CITY	STATE	ZIP CODE

EMPLOYER		PHONE NUMBER	LENGTH OF EXPERIENCE	
			FROM	TO
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MUNICIPAL				
POSITION	SUPERVISOR	CONTRACTOR LICENSE # (if self-employed)	Mo. / Yr.	Mo. / Yr.
MAJOR ACTIVITIES:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs/wk	
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ADDRESS		CITY	STATE	ZIP CODE

EMPLOYER		PHONE NUMBER	LENGTH OF EXPERIENCE	
			FROM	TO
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MUNICIPAL				
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MAJOR ACTIVITIES:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs/wk	
1.				
2.				
3.				
ADDRESS		CITY	STATE	ZIP CODE

The state has the right to verify information provided in this application. False information may subject an applicant to disqualification or decertification. In connection with this application, I authorize the State of Minnesota and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the State of Minnesota and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

YES YES, but no present employer NO, (We may be unable to process your application without this information.)

BE SURE TO INCLUDE ALL INFORMATION REQUIRED ABOVE.

I declare that all statements made in this application and the information provided is true and complete and hereby acknowledge that I have read and understand the information above.

SIGNATURE	DATE

This material can be made available in different forms, such as large print, braille or an audio.