

CONTINUING EDUCATION INDIVIDUAL COURSE APPROVAL APPLICATION

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

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

Print in **INK** or **TYPE**
 Make a copy of this application for your records

| | |
|---|----------------------|
| Fee is \$20.00 per course | |
| Total Fee = (# x 20) | \$ _____ |
| SPACE IN BOX FOR OFFICE USE ONLY | |
| Account # 632423 | STK B42COURSE |

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

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

| | |
|---|-------------------------|
| Check Number | Amount Paid |
| <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO | <i>DLI Deposit Date</i> |
| <p>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.</p> | |

| | | |
|-----------|------------|----------------|
| LAST NAME | FIRST NAME | E-MAIL ADDRESS |
|-----------|------------|----------------|

| | | | |
|----------------------------|------|-------|----------|
| RESIDENTIAL STREET ADDRESS | CITY | STATE | ZIP CODE |
|----------------------------|------|-------|----------|

| | |
|------------------------------|-----------------|
| YOUR LICENSE/CERTIFICATION # | DAYTIME PHONE # |
|------------------------------|-----------------|

| | |
|--------------|--|
| SPONSOR NAME | SPONSOR BUSINESS PHONE AND EMAIL ADDRESS |
|--------------|--|

| | | | |
|-----------------|------|-------|----------|
| SPONSOR ADDRESS | CITY | STATE | ZIP CODE |
|-----------------|------|-------|----------|

COURSE TITLE (as shown on your certificate of completion or attendance)

| | | | |
|-----------------|------|-------|----------|
| COURSE LOCATION | CITY | STATE | ZIP CODE |
|-----------------|------|-------|----------|

| | |
|-----------------------------------|-----------------|
| DATE COURSE ATTENDED (MM/DD/YYYY) | INSTRUCTOR NAME |
|-----------------------------------|-----------------|

Number of continuing education credited hours requested for this course:

CERTIFICATION

- I certify I attended the above named course on the date specified for the number of hours for which I have requested approval of continuing education credit.
- I certify all of the information submitted in this application is true, accurate and complete.
- I understand the department, under M.S. § 326B.082, may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application.

| | |
|-----------------------------------|------|
| SIGNATURE OF LICENSEE (mandatory) | DATE |
|-----------------------------------|------|