

Minnesota Department of Labor and Industry
CCLD Licensing
PO Box 64217
St. Paul, MN 55164-0217



Phone: 651-284-5034
Website: <http://www.dli.mn.gov>
E-mail: dli.license@state.mn.us

Boiler License Change of Address Form

PRINT IN INK or TYPE

Make a copy of completed form for your records

This form can be emailed to dli.license@state.mn.us or mailed to address above

The date of birth and last 4 digits of your Social Security Number are requested as verification of your identity to ensure only the licensee is updating their license information. All information provided on this form, except Social Security Number, is considered public pursuant to Minnesota Statutes, Chapter 13.

License Information – Must provide to change an address and/or renew license, registration, or certification

LICENSE TYPE	LICENSE/REGISTRATION/CERTIFICATE #	EXPIRATION DATE	
DATE OF BIRTH	SOCIAL SECURITY NUMBER (last 4 digits)	PHONE NUMBER	
LAST NAME	FIRST NAME	MIDDLE INITIAL	

Current Address Information

STREET ADDRESS (PO Box must include street address)

CITY STATE ZIP CODE

Former Address Information – Must provide past address information before address may be changed

FORMER ADDRESS (PO Box must include street address)

CITY STATE ZIP CODE

Certification: I certify that I hold this license, registration, or certificate and that the information provided on this form is correct and accurate.

SIGNATURE (<u>mandatory</u>)	DATE SIGNED
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This material can be made available in different forms, such as large print, braille or on audio