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## Boiler Inspectors

### Certificate of Competency Application

**PAID APPLICATION FEE IS NOT REFUNDABLE  
CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

**BOILER INSPECTOR COMPETENCY NEW \$80.00**

**BOILER INSPECTOR COMPETENCY RENEWAL \$80.00**

**BOILER INSPECTOR COMPETENCY LATE RENEWAL \$120.00**

**MAKE CHECK OR MONEY ORDER PAYABLE TO:  
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

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

| SPACE IN BOX FOR OFFICE USE ONLY   |        |             |                  |
|--|--------|-------------|------------------|
| Account Number   | 632448 | STK         | B42BOILLIC       |
| Check Number   |        | Amount Paid |                  |
| PCK  | CCK    | MO          | DLI Deposit Date |
| <b>NOTICE:</b> 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. |        |             |                  |
| APPLICATION NUMBER:  |        |             | LICENSE NUMBER:  |

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.

| To be completed and signed by the Applicant  |                       |                 |                |                |                        |
|--|-----------------------|-----------------|----------------|----------------|------------------------|
| CERTIFICATE OF COMPETENCY NUMBER   |                       | EXPIRATION DATE |                | DATE OF BIRTH  | SOCIAL SECURITY NUMBER |
| FULL LEGAL LAST NAME   | FULL LEGAL FIRST NAME | MIDDLE INITIAL  | E-MAIL ADDRESS |                |                        |
| RESIDENTIAL ADDRESS  |                       | CITY            | STATE          | ZIP CODE       | TELEPHONE NO           |
| Is the residential address a non-designated (Private) address      Yes      No <b>If yes, you must provide a designated (Public) address</b> |                       |                 |                |                |                        |
| DESIGNATED (Public) ADDRESS  |                       | CITY            | STATE          | ZIP CODE       | TELEPHONE NO           |
| EMPLOYER NAME  |                       |                 |                | E-MAIL ADDRESS |                        |
| EMPLOYER ADDRESS   |                       | CITY            | STATE          | ZIP CODE       | TELEPHONE NO           |
| NATIONAL BOARD COMMISSION NUMBER AND ENDORSEMENTS  |                       |                 |                |                |                        |
| I VERIFY THAT ALL INFORMATION IS CORRECT   SIGNATURE OF LICENSE HOLDER   |                       |                 |                |                | DATE                   |

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