



Verification of Applicant's Experience

PRINT IN INK or TYPE your responses.

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Telephone: (651) 284-5034

The information provided on this form and any required attachments will be used to determine whether the applicant meets the license requirements. Failure to provide the requested information may delay the processing of the application or may be grounds for denying the application. Data provided on the application and attachments is public except for data provided on individuals, which under M.S. § 13.41 is private data (excluding name and mailing address) while the application is pending. Individuals are required to provide their social security numbers pursuant to M.S. § 270C.72, Subd. 4, before a license may be issued. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Individual's applicant information becomes public data (except the individual's social security number) and part of the agency's permanent records once the license is issued.

Requirement of Minnesota Statute Chapter 142 of the Laws of 1983 Amending Section 327B.04, subd. 4 of Minnesota Statutes of 1982 which states, ". . . evidence of having had at least two years' prior experience in the sale of manufactured homes, working for a licensed dealer." Effective May 13, 1983.

APPLICANT FIRST NAME	MIDDLE INITIAL	LAST NAME
----------------------	----------------	-----------

I, the applicant, have had a minimum of two years experience in the sale of manufactured homes, working for a licensed dealer.

BUSINESS NAME OF DEALER

STREET ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP CODE

DATES OF EMPLOYMENT:	FROM (month/day/year)	TO (month/day/year)
----------------------	-----------------------	---------------------

If you did not work for two years for the above dealer, fill out spaces below so the required two years employment is shown.

BUSINESS NAME OF DEALER

STREET ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP CODE

DATES OF EMPLOYMENT:	FROM (month/day/year)	TO (month/day/year)
----------------------	-----------------------	---------------------

BUSINESS NAME OF DEALER

STREET ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP CODE

DATES OF EMPLOYMENT:	FROM (month/day/year)	TO (month/day/year)
----------------------	-----------------------	---------------------