

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155



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

Residential Roofer License Renewal

License Fees = \$185.00*

LICENSE FEE IS NON-REFUNDABLE
CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

*A \$90.00 late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092, subd. 3

DID YOUR LEGAL BUSINESS ENTITY OR STRUCTURE CHANGE?

If YES, do not use this form, submit a new license application.

Visit: <https://www.dli.mn.gov/business/residential-contractors/roofer-license>

Avoid processing delays by uploading your completed renewal application online at <https://secure.doli.state.mn.us/license/intro.aspx>

SPACE IN BOX FOR OFFICE USE ONLY	
Account Numbers License 632422	STK License B42RCLIC
Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
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.	

FEDERAL TAX ID (FEIN) (Tax # call 1-800-829-4933)		STATE TAX ID NUMBER (Tax # call 651-282-5225)		LICENSE NUMBER	
LEGAL BUSINESS NAME OF CONTRACTOR (Corp, LLC, LLP)			FULL LEGAL NAME OF INDIVIDUAL PROPRIETOR OR PARTNERS		
DBA NAME (Doing business as name / assumed name – if applicable)			DBA NAME (Doing business as name / assumed name – Required)		
BUSINESS PHONE NUMBER (public)		OTHER TELEPHONE NUMBER		E-MAIL ADDRESS	
PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable)			CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (PO Box is acceptable - if applicable)			CITY	STATE	ZIP CODE
QUALIFYING PERSON REGISTRATION NUMBER		LEGAL LAST NAME (including suffix)		FIRST NAME	MI

THIS RENEWAL FORM MUST BE SUBMITTED ALONG WITH ALL OF THE FOLLOWING REQUIRED DOCUMENTS

- ☐ **LICENSE FEE** – \$185.00 This fee includes a two year license fee of \$180.00, a continuing education fee of \$5.00. A \$90.00 late fee is due if the renewal is Received by DLI after the expiration date.
- ☐ **MN Secretary of State (SOS) Business Registration Verification** – Include a computer screen print of the **ACTIVE SOS Business Record Detail screen with your license renewal forms**. Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State. Please visit MN SOS <http://mbportal.sos.state.mn.us> to verify registration or call 651-296-2803 or 1-877-551-6767 for questions about your SOS business registration renewal or filing status
- ☐ **\$15,000 Residential Roofer Contractor Bond** – A \$15,000 Residential Roofer Contractor Bond MUST BE SUBMITTED with the license renewal. All signatures must be notarized. Photocopies will be accepted.
http://www.dli.mn.gov/sites/default/files/pdf/roofer_bond_new.pdf
- ☐ **Disclosure of Business Owners, Partners, Officers and Members Form** - All owners, partners, shareholders, and members owning more than 10 percent in the business must be disclosed. Key officers responsible for the day-to-day operations of the business entity being licensed, certified, or registered must be disclosed. A missing or incomplete disclosure will cause the application to be deficient and delay processing.
http://www.dli.mn.gov/sites/default/files/pdf/rbc_disclosecompanyowners.pdf
- ☐ **Qualifying Person Designation Form** – The Qualifying Person Designation Form http://www.dli.mn.gov/sites/default/files/pdf/qp_register.pdf MUST BE COMPLETED AND SUBMITTED with this renewal form. Qualifying person registration information can be found by searching an individual's first and last name at the DLI License Lookup feature: <https://secure.doli.state.mn.us/lookup/licensing.aspx>
- ☐ **Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws **MUST BE COMPLETED AND SUBMITTED WITH THIS RENEWAL**. Pursuant to Minn. Stat. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at http://www.dli.mn.gov/sites/default/files/pdf/ccld_lic-04_workcomp.pdf
- ☐ **Certificate of Insurance (Liability)** – The Certificate of Insurance MUST BE COMPLETED BY THE INSURANCE AGENT and SUBMITTED WITH THIS RENEWAL. The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at http://www.dli.mn.gov/sites/default/files/pdf/ccld_lic-01H.pdf

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

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155



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

Disclosure of Business Owners, Partners, Officers and Members

This form must be completed by all business types.

Minnesota Statutes § 270C.72, Subd. 4, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Business Identification Number and the social security numbers of all individual owners, partners, officers, and other members of the business entity, who are liable for delinquent taxes. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's social security number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application. Once you have been issued a certificate of exemption, all information on this form with the exception of your social security number and nondesignated address becomes public data and may be released to anyone upon request.

LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)	LICENSE NUMBER
---	-----------------------

DBA NAME (Doing business as name / assumed name – if applicable)

PHYSICAL BUSINESS ADDRESS (PO Box not accepted)	CITY	STATE	ZIP CODE
--	-------------	--------------	-----------------

BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS
----------------------------------	----------------------

LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mandatory)
--	-------------------	--------------------	-------------------------------	----------------------------------

RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
----------------------------	-------------	--------------	-----------------	---------------------

Is the residential address a non-designated (Private) address? ☐ Yes ☐ No If **yes**, you must provide a designated (Public) address.

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
------------------------------------	-------------	--------------	-----------------	---------------------

APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)	DATE
--	---	-------------

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mandatory)
--	-------------------	--------------------	-------------------------------	----------------------------------

RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
----------------------------	-------------	--------------	-----------------	---------------------

Is the residential address a non-designated (Private) address? ☐ Yes ☐ No If **yes**, you must provide a designated (Public) address.

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
------------------------------------	-------------	--------------	-----------------	---------------------

APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)	DATE
--	---	-------------

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mandatory)
--	-------------------	--------------------	-------------------------------	----------------------------------

RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
----------------------------	-------------	--------------	-----------------	---------------------

Is the residential address a non-designated (Private) address? ☐ Yes ☐ No If **yes**, you must provide a designated (Public) address.

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
------------------------------------	-------------	--------------	-----------------	---------------------

APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)	DATE
--	---	-------------

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155



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

Email: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

Qualifying Person Designation Form

License Type:

- ☐ Residential Builder (BC) ☐ Residential Roofer (RR)
☐ Residential Remodeler (CR)

☐ **CHECK BOX** if this is a Change of Qualifying Person. You must also complete the Application for Change of Qualifying Person Designation packet which includes the **Background Disclosure Form** and the **BCA Form** for the NEW Qualifying Person. This packet is located on our website at http://www.dli.mn.gov/sites/default/files/pdf/qp_register.pdf

The information you as an individual provide in this form will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. The information is being requested for purposes of processing your application. You are not legally required to supply the requested data on this form; 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 form 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 non-designated address, becomes public data and may be released to anyone upon request.

QUALIFYING PERSON INFORMATION - The qualifying person is also responsible for taking **14 hours of CCLD-approved continuing education** which includes one hour of energy in order to renew the company's license every two years.

***QUALIFYING PERSON REGISTRATION NUMBER** Search an individual's name on DLI website <https://secure.doli.state.mn.us/lookup/licensing.aspx>

FULL LEGAL LAST NAME (including suffix Jr., Sr., I, II, etc)		FULL LEGAL FIRST NAME		MI
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE
PUBLIC MAILING ADDRESS (if different from residential address)		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	*QP REGISTRATION #	DAYTIME TELEPHONE	E-MAIL ADDRESS	

BUSINESS LICENSE INFORMATION

LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
CONTRACTOR LICENSE NUMBER	BUSINESS TELEPHONE NUMBER		

Are you the qualifying person for more than one business entity? ☐ Yes ☐ No

If you have checked "Yes" above, you must disclose the business entity for which you are the qualifying person.

LEGAL BUSINESS NAME (licensed by Department of Labor and Industry)	LICENSE NUMBER
--	----------------

For an individual to act as the QP for more than one entity there must be at least 25% common ownership among the entities. On the line below, provide the name of the individual or entity that owns at least 25% of the business entities for which you will act as QP:

PRINT NAME: _____

This is to verify that I am the designated qualifying person for the contractor named above pursuant to M.S. § 326B.805 and, as such, I have fulfilled the examination requirements; and shall fulfill the continuing education requirements on behalf of the licensed contractor; and shall notify the department 15 days in advance of resigning as the qualifying person with said contractor or immediately upon termination by the contractor.

I further verify that, if I am not identified as an owner, partner, officer, or member of the contractor named above, I am a managing employee as required in M.S. § 326B.805, Subd. 4 who is regularly employed by the licensee and is actively engaged in the business of residential contracting, residential remodeling, residential roofing or manufactured home installing on behalf of the licensee.

I understand and accept that the Department of Labor and Industry under M.S. § 326B.082 may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application or otherwise violate the provisions of M.S. § 326B.801 to 326B.89, all rules adopted under these sections, as well as all orders issued under M.S. § 326B.082.

SIGNATURE OF QUALIFYING PERSON (mandatory)	DATE
--	------

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155



E-mail: DLI.License@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

Background Disclosure Form Business / Contractor / Qualifying Person

This form must be completed by every APPLICANT. "APPLICANT" as defined by MS § 326B.83 Subd. 2 includes all employees who exercise management or policy control over the residential contracting, residential remodeling, residential roofing, or manufactured home installation activities in the state of Minnesota, including affiliates, partners, directors, governors, officers, limited or general partners, managers, all shareholders holding more than ten percent of the shares that have been issued, a shareholder holding more than ten percent of the voting power of the shares that have been issued, or all members holding more than ten percent of the membership interests that have been issued or more than ten percent of the voting power of the membership interests that have been issued.

Minnesota Statutes § 326B.83, subd 2, requires the disclosure of certain criminal, civil action, and financial information from the legal business entity applying to be licensed and its directors, officers, members, limited or general partners, controlling shareholders or affiliates. 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 denial of the same. The information provided by individuals on this form is private data on individuals while the application is pending and then becomes public data after the license is issued. Disclosure of this information to others may occur as authorized or required by law, upon court order, and/or for the purpose of verification and investigation. Failure to submit the Business/Contractor Background disclosure form, failure to disclose any material information, or making false or misleading statements with respect to any material fact is cause to deny, suspend or revoke the license.

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH		
PHYSICAL STREET ADDRESS (no PO Box)		CITY	STATE	ZIP CODE	COUNTY
LEGAL BUSINESS NAME and DBA				TELEPHONE NUMBER	

Work History for the past five years (attach additional pages if necessary)

Business Name	Description of Employment	Dates of Employment	
		From	To

If you answer yes to any of the questions below you must attach documentation providing details to enable the Department to evaluate your application fairly and completely. Please attach this documentation directly to your application. NOTE: failure to provide this documentation may significantly delay the processing of your application and may eventually result in the application being denied.

- 1) Have you ever held any occupational or professional license in any state including Minnesota?
If **Yes**, list the state(s) and the license type(s) for each license you've held. _____ ☐ Yes ☐ No
- 2) Have you, as the applicant, qualifying person, or any employee ever had a professional or vocational license reprimanded, censured, limited, conditioned, refused, suspended or revoked, or have you ever been the subject of any administrative action or been affiliated with a business entity that has had action taken against it? ☐ Yes ☐ No
- 3) In the past 10 years, have you been charged with, pleaded to or been convicted of any criminal offense in any state or federal court? Include any felonies, gross misdemeanors or misdemeanors, but do not include any traffic violations (including DUI or DWI). ☐ Yes ☐ No
- 4) Have you ever been named as a debtor in a judgment arising from a civil action involving allegations of fraud, construction defect, misrepresentation, negligence, breach of contract, or conversion of funds? ☐ Yes ☐ No
- 5) Have you as the applicant, managing employee or qualifying person ever filed for bankruptcy or protection from creditors or have any unsatisfied judgments against you or a business entity with which you have been affiliated? ☐ Yes ☐ No
- 6) Has there been a sale or transfer of the business or any other change in ownership, control, or business name within the last five years? ☐ Yes ☐ No

CERTIFICATION

I certify that all of the information submitted on this disclosure and attachments is true and complete and that this document has not been changed in any manner from the form adopted by the Department of Labor and Industry.

SIGNATURE OF APPLICANT (mandatory)	TITLE (mandatory)	DATE
------------------------------------	-------------------	------

Email: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

Residential Roofer Surety Bond

PRINT IN INK or TYPE

BOND NO.	AMOUNT	EFFECTIVE DATE
	\$15,000.00	

KNOW ALL PERSONS BY THESE PRESENTS:

THAT

(Business name as registered with the Office of the Minnesota Secretary of State; or if individual proprietor, individual's name.)

(DBA or "doing business as" name if applicable)

With business office at

(Business Address)

(City)

(State)

(Zip Code)

(Telephone number)

as PRINCIPAL, and

(Surety Company Name)

(Surety Company Address)

(City)

(State)

(Zip Code)

(Telephone number)

a corporation duly organized in the state of _____ and authorized to do business in the state of Minnesota, as Surety, are hereby held and firmly bound to the state of Minnesota and any person injured or suffering financial loss by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules related to the Principal's license or any permit applied for and all contracts entered into, in the penal sum of FIFTEEN THOUSAND DOLLARS (\$15,000.00).

For payment of this sum, Principal and Surety bind themselves, their heirs, representatives, successors and assigns, jointly and firmly by these presents.

THE CONDITION of the above obligation is such that WHEREAS the said Principal is making application with the Minnesota Department of Labor and Industry to be licensed as, or has been licensed as, a residential roofer with specific privileges and responsibilities under Minnesota Statutes, section 326B, as amended, Minnesota Rules, chapter 2891, as amended, for all residential roofing work and contracts entered into within the state.

NOW THEREFORE, if said Principal shall faithfully and lawfully perform the duties, and in all things comply with the laws and rules, including all amendments thereto, pertaining to the license or permit applied for and all contracts entered into, then this obligation shall be void; otherwise to remain in full force and effect.

The aggregate liability of the Surety, regardless of the number of claims made against the bond, shall in no event exceed the amount set forth above for each two-year period the bond remains in force. The bond penalty shown above is cumulative over each two-year period the bond remains in force, the same as if a separate bond were issued every two years.

PROVIDED, it is the intention of the parties that this bond be continuous. This bond may be canceled by the Surety at any time upon giving the said Principal and the Minnesota Department of Labor and Industry 30 days' written notice, said notice to be served by certified mail, whereupon, except as to any liabilities or indebtedness incurred prior to the termination of this said 30 days' notice, the liability of the Surety under this bond shall cease. The Surety shall notify the Principal and the Minnesota Department of Labor and Industry within 15 days of any bond claim or payment which results in the penal sum of the bond falling below the legal requirement

By their signatures below, the parties certify that the wording of this surety bond is in compliance with Minnesota Statutes, sections 326B.86, subd. 1 and 326B.0921, as constituted on the effective date of this bond. This bond shall be effective as of the effective date provided by the Surety in the field provided on this form and shall be in effect until cancellation. Effectiveness of this bond is only a component of, and does not constitute required licensure by the State of Minnesota. Principal shall not conduct work or contract to conduct work requiring licensure until the State of Minnesota has issued the license for which Principal has applied.

Signed and sealed this _____ day of _____

(SURETY SEAL)

Print Name of Principal(s)

SIGNATURE OF PRINCIPAL(S)

Print Name of Principal(s)

SIGNATURE OF PRINCIPAL(S)

Acknowledge (notarize) signatures on reverse side and attach power of attorney form.

NAME OF SURETY

File with: Minnesota Department of Labor and Industry
CCLD Licensing and Certification
443 Lafayette Road N.
St. Paul, Minnesota 55155

SIGNATURE OF ATTORNEY IN FACT
(SURETY COMPANY)

A OR B AND C MUST BE COMPLETED

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership
(Note: If partnership all signatures are required to be notarized. Please copy the page if necessary.)

STATE OF _____)
COUNTY OF _____) ss

On this _____ day of _____ personally came _____
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same
to be his/her/their own free act and deed.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

B. FOR ACKNOWLEDGEMENT of Corporate Contractor

STATE OF _____)
COUNTY OF _____) ss

On this _____ day of _____ personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she
acknowledged said instrument to be the free act and deed of the corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT of Corporate Surety

STATE OF _____)
COUNTY OF _____) ss

On this _____ day of _____ personally came _____
and _____ to me personally known, who being by me duly sworn, did say that
he/she is the attorney in fact of _____, the
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the
said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said
_____ acknowledged that he/she executed said instrument as attorney in
fact as the free act and deed of said corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155



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

Email: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: 651-284-5034

PRINT IN INK or TYPE. Unreadable or illegible certificates will be denied.

Form must be completed by the insurance agent or insurance company, not by the business/contractor.

Certificate of Insurance Covering General Liability and Property Damage

Liability Insurance Coverage: This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.86, Subd. 2.

LICENSE TYPE Residential Roofer		LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.)			FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
			Check - Mandatory Insurance policy meets the minimum statutory requirements. STATUTORY REQUIREMENT Policy provides commercial general liability insurance, which includes premises and operations insurance and products and completed operations insurance, with limits of at least \$100,000 per occurrence, \$300,000 aggregate limit for bodily injury, and property damage insurance with limits of at least \$25,000 or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits. This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.	
DBA ("doing business as" or also known as an assumed name) (if applicable)				
STREET ADDRESS (no PO Box)				
CITY	STATE	ZIP CODE	NAME OF INSURANCE COMPANY	
MAILING ADDRESS (if different from above)				
CITY	STATE	ZIP CODE	NAIC ID	
INSURANCE AGENT'S NAME (Print)			INSURANCE AGENT'S LICENSE NO.	
Data Practices Notice Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license.			Resident Non-resident	
			NAME OF INSURANCE AGENCY/CO.	
Cancellation Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.			PHONE NUMBER	
			ADDRESS	
CITY			STATE	ZIP CODE
INSURANCE AGENT'S SIGNATURE			DATE	

OFFICE USE ONLY
Date of DLI Receipt

Certificate Holder

Minnesota Department of Labor and Industry
CCLD Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155

This insurance form has been filed with the Minnesota Department of Commerce pursuant to Minnesota Statutes, section 60A.39, Subd. 5.

Residential Roofer Insurance 5.3.2023

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155



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

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
---	---------------------------	----------------------------

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. I am not required to have workers' compensation insurance because:

I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
--------------------------------	-------	------

If you have questions about completing this form or to request this form in Braille, large print or audio.