



CC0502

Email: dli.exam@state.mn.us
 Website: www.dli.mn.gov/ccld.asp
 Phone: (651) 284-5031
 TTY/MRS: (651) 297-4198

Individual Electrical License Examination Application

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

Application Fee = \$50.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY	SPACE IN BOX FOR OFFICE USE ONLY	
SELECT THE LICENSE YOU ARE APPLYING FOR: <input type="checkbox"/> Class A Master Electrician <input type="checkbox"/> Master Elevator Constructor <input type="checkbox"/> Class A Journeyman Electrician <input type="checkbox"/> Elevator Constructor <input type="checkbox"/> Class B Installer <input type="checkbox"/> Lineman <input type="checkbox"/> Power Limited Technician <input type="checkbox"/> Maintenance Electrician	Account Number 632432 STK B42ELELIC Check Number <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	Amount Paid DLI Deposit Date
Is this a license exam retest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , submit application form only; no supporting documents. 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.	
PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS	APPLICATION NUMBER:	LICENSE NUMBER:

LICENSED / REGISTERED <input type="checkbox"/> Minn. unlicensed registered individual <input type="checkbox"/> Registered Minnesota apprentice <input type="checkbox"/> Qualify by current licensure in another legal jurisdiction (exam required – enclose copy of license)	WORK EXPERIENCE <input type="checkbox"/> Qualify for master license as holder of a Minnesota journeyman license for at least 12 months (affidavit required) MN LICENSE NUMBER ORIGINAL ISSUE DATE	EDUCATION (attach original transcript) <input type="checkbox"/> Qualify by electrical engineering degree (Master A Electrician & Power Limited Technician licenses only) <input type="checkbox"/> Completed approved electrical training program (see approved list)
STATE(S) AND LICENSE/REGISTRATION NO.	<input type="checkbox"/> Qualify for licensure by meeting the minimum work experience requirements for the selected license. Submit the applicable work experience verification form(s) with the application	NAME OF UNIVERSITY, TECHNICAL COLLEGE DATE DEGREE CONFERRED (MM/DD/YYYY)

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.

SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	AREA CODE & PHONE NUMBER	E-MAIL ADDRESS
LEGAL LAST NAME	SUFFIX (JR, SR, II, III)	LEGAL FIRST NAME	LEGAL MIDDLE NAME
RESIDENTIAL ADDRESS		PUBLIC MAILING ADDRESS (if different from residential address)	
CITY NAME	STATE	ZIP CODE	CITY NAME STATE ZIP CODE

Is the Residential address above a non-designated (private) address? **Yes** **No** If **yes**, then you must provide a designated (Public) mailing address.

APPLICANT SIGNATURE	DATE SIGNED (MM/DD/YYYY)
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Electrical Work Experience Verification Form

LICENSURE AND EXAM APPLICATION ONLY

Applicant's Legal Name: _____ License Type: <input type="checkbox"/> Class A Master Electrician <input type="checkbox"/> Class A Journeyman Electrician <input type="checkbox"/> Class B Installer <input type="checkbox"/> Power Limited Technician	SSN: (Last 4 Only) _____ <input type="checkbox"/> Master Elevator Constructor <input type="checkbox"/> Elevator Constructor <input type="checkbox"/> Lineman <input type="checkbox"/> Maintenance Electrician	(DLI Office Use) (Date Received ONLY)
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To apply for licensure and examination, the applicant must provide verification of their employment and qualifying work. Verification information required includes: name, address, and phone number of the employer, applicant's dates of employment with the employer, class of work performed; and hours worked. The information provided on this form is public data and shall be used to qualify the individual identified above for licensure and examination. **Individuals with multiple employers during the reporting period must make copies of the form and have each employer complete a separate verification.**

PRINT IN INK or TYPE

EMPLOYER NAME	LICENSE / REGISTRATION NUMBER
EMPLOYER ADDRESS	PHONE NUMBER
CITY STATE ZIP CODE	EMAIL ADDRESS
RESPONSIBLE INDIVIDUAL (responsible for applicant's work for employer)	TITLE

Qualifying work experience is measured on a monthly basis. In order to accurately verify qualifying experience, the actual hours worked in each Class of Work must be reported. Credit of not more than 160 hours per month or 2000 hours per year is allowed as qualifying experience. Hours reported on this form must be supported by records maintained by the employer and demonstrate experience qualifying with M.S. §326B.33 and M.S. Rule 3800.3520. Knowingly providing inaccurate or fraudulent information may subject the violator to disciplinary action and a monetary penalty of up to \$10,000 per violation.

Dates of Employment between Start Date and End Date FROM: _____ TO: _____	Are the hours reported on this form taken from payroll records? <input type="checkbox"/> YES <input type="checkbox"/> OTHER (specify) _____
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Class of Work	Hours Worked
INSTALL ELECTRICAL WIRING, APPARATUS AND EQUIPMENT	
MAINTAIN / REPAIR ELECTRICAL WIRING, APPARATUS AND EQUIPMENT	
INSTALL TECHNOLOGY SYSTEM AN DCIRCUITS	
MAINTAIN / REPAIR TECHNOLOGY SYSTEM CIRCUITS	
INSTALLING MAINTAINING, AND REPAIRING ELEVATORS	
LINE WORK	
INSTALL WIRING FOR & MAINTING PROCESS CONTROL SYSTEMS	
TOTAL OF ALL QUALIFYING HOURS WORKED	

Form must be signed by the designated Responsible Person and Applicant.

I certify that I personally know or that the employer's employment records verify that this individual, during the referenced employment period, engaged in the identified classes of work for the number of hours shown. The applicant's signature below acknowledges agreement with the information provided on this form.

RESPONSIBLE PERSON'S SIGNATURE	DATE SIGNED	APPLICANT'S SIGNATURE	DATE SIGNED
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