

## Electrical / Elevator Contractor

### New License Application Checklist

Fill out application form in its entirety

CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

#### Incomplete or Inaccurate Application Forms Will Delay Processing

ALL documentation and fees below are required and must be complete and accurate before a license will be issued.

- License Fees \$206.80 Make Check or money order payable to the Department of Labor & Industry**

##### Minnesota Secretary of State (SOS) Registration / Assumed Name Verification

Verification may be available by completing an entity search on line at: [www.sos.state.mn.us](http://www.sos.state.mn.us) or you may contact the MN Secretary of State to request verification at 651-296-2803. If your business entity and assumed name, if applicable, must be registered, then the status of your registration(s) must be ACTIVE. (NOTE: No SOS registration is necessary for an individual proprietorship/partnership operating under their full legal name(s)) Missing or incomplete verifications will cause the application to be deficient and delay processing.

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##### Electrical / Elevator Contractor Application Form

- The application form must be complete and signed. All information requested on the application form must be provided and complete. Incomplete applications will be deficient and delay processing.

##### 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.

##### Electrical or Elevator Contractor Bond

- Must be the original bond form issued, signed, sealed and notarized by the Surety Company and must also be accompanied by the Power of Attorney form. A missing, incomplete or inaccurate bond will cause the application to be deficient and delay processing.

##### Certificate of Liability Insurance

Obtain from your insurance agent a certificate of liability insurance that provides evidence that your business has general liability insurance coverage meeting the minimum statutory requirements. Acceptable forms are the ACORD 25 (2010/05) Certificate of Liability Insurance or a DLI form that can be found online at [www.dli.mn.gov/CCLD/FormsCert.asp](http://www.dli.mn.gov/CCLD/FormsCert.asp). The certificate must show the legal business entity as the insured. If using an assumed name, the certificate must show the insured as the legal business entity's name dba the assumed name. A missing, incomplete or inaccurate certificate of liability insurance will cause the application to be deficient and delay processing.

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##### Workers' Compensation Certification of Compliance Form

All applicants must provide evidence of compliance with Minnesota's workers' compensation insurance requirement. You may provide a certificate of insurance showing your business is covered by workers' compensation insurance. Or, you may complete and submit the department's Certificate of Compliance with Minnesota's Workers' Compensation Laws, which is available online at [www.dli.mn.us/cclld/forms.asp](http://www.dli.mn.us/cclld/forms.asp). Applicants claiming exemption from workers' compensation insurance coverage must complete the certificate of compliance form in its entirety and sign the form. A missing, incomplete or inaccurate certificate will cause the application to be deficient and delay processing.

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##### Certificate of Responsible Licensed Individual (Master Electrician / Master Elevator Constructor)

All applicants must designate a responsible licensed individual who shall be responsible for the performance of all electrical work in accordance with MS § 326B.31 to 326B.33, Minn. Rules, chapter 3800, as well as all orders issued under MS § 326B.082. The licensed Master Electrician or Master Elevator Constructor completes and signs the Certificate of Responsible Licensed Individual, which validates the designation made in the application form. A missing, incomplete, or inaccurate certificate will cause the application to be deficient and delay processing.

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This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198



CC0502

**Electrical / Elevator Contractor**  
**NEW LICENSE APPLICATION**

E-mail: [DLI.BusinessLicense@state.mn.us](mailto:DLI.BusinessLicense@state.mn.us)  
 Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
 Phone: (651) 284-5034

**New**     **Business Structure Change**  
*(New license # will be issued)*

**License Fees = \$206.80**

**MAKE CHECK OR MONEY ORDER PAYABLE TO:  
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY  
 LICENSING FEES ARE NONREFUNDABLE**

**Depositing of license fee does not constitute  
 granting of the license applied for**

- Electrical Contractor**
- Elevator Contractor**

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

SPACE IN BOX FOR OFFICE USE ONLY			
Account #	632432	STK	B42ELELIC
Check Number		Amount Paid	
<input type="checkbox"/> PCK	<input type="checkbox"/> CCK	<input type="checkbox"/> 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 license requirements. Minnesota Statute § 270C.72, subd 4, requires you to provide your social security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security or Minnesota Business Identification number, 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 licensed, 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.

**1. BUSINESS TYPE:** (check only one)      **State business is organized in:** \_\_\_\_\_

<input type="checkbox"/> <b>Individual</b> (sole proprietor)	<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> <b>Limited Liability Company</b>
<input type="checkbox"/> <b>Partnership</b>	<input type="checkbox"/> <b>Foreign Corporation</b>	<input type="checkbox"/> <b>Foreign Limited Liability Company</b>
<input type="checkbox"/> <b>Limited Liability Partnership</b>	<input type="checkbox"/> <b>Other</b> (specify) _____	

**2. The following information must be provided unless the applicant is an individual (sole proprietor) or one-member limited liability company and does not have employees or taxable sales:** (See the application instructions if the company is from outside of Minnesota and is not required to withhold Minnesota income taxes)

<b>Federal Employer Tax Number (FEIN)</b> (if applicable)	<b>Minnesota Tax Number (MN ID)</b> (if applicable)	<b>Employment Insurance Acct No</b> (if applicable)
<b>If the applicant is an individual (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.</b>		<b>Social Security Number</b>

**3. LEGAL BUSINESS NAME OF CONTRACTOR** (Individual name only if no company name used – See Instructions )

**4. DBA NAME** (Doing Business as name / assumed name – if applicable)

**Second page must be completed and signed by applicant.**

<b>5. BUSINESS TELEPHONE NUMBER</b>	<b>6. OTHER TELEPHONE NUMBER</b>	<b>7. E-MAIL ADDRESS</b>
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**Address Instructions.** In #8, provide the main legal physical address for the legal business entity applying to be licensed. In items #9 and #10, provide the physical and mailing address to be linked to only this license, if different from the main legal address (#8). By default, the department posts the main address online as the licensee's address. If you provide a physical or mailing address for the license, then you may designate the address you want posted online by checking the appropriate box.

<b>8. MAIN (LEGAL) ADDRESS</b> (PO Box Not acceptable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>ONLINE</b> <input type="checkbox"/>
<b>9. PHYSICAL BUSINESS ADDRESS</b> (PO Box Not acceptable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>ONLINE</b> <input type="checkbox"/>
<b>10. BUSINESS MAILING ADDRESS</b> (PO Box is acceptable) (if applicable)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>ONLINE</b> <input type="checkbox"/>

**11. Do you have employees?**     **Yes**     **No**    Whether you have employees or not, you must also complete the worker's compensation Certificate of Compliance form located on our website at [www.dli.mn.gov](http://www.dli.mn.gov)

**12. Responsible Licensed Individual**    This is to certify that I am or have in my employ a responsible licensed individual who will be actively responsible for the performance of all electrical work, including planning, laying out and supervising installation of all such work, in accordance with the requirements of M.S. §§ 326B.31 and 326B.33, and Minn. Rules Chapter 3800.

<b>FULL LEGAL LAST NAME</b>	<b>FULL LEGAL FIRST NAME</b>	<b>MI</b>	<b>SUFFIX (Sr., Jr., I, II, III)</b>
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<b>LICENSE #</b>	<b>LICENSE TYPE (Master Electrician, Elevator Contractor)</b>	<b>EXPIRATION DATE (MM/DD/YYYY)</b>
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This is to certify that the company making this application is in compliance with the provisions of M.S. §§ 326B.31 and 326B.33 and Minn. Rules, Chapter 3800, including:

- (a) Compensation of any employee doing residential construction or remodeling work will be reported on an Internal Revenue Service W-2 form;
- (b) Where required, all electrical work will be performed by, or under the personal on-the-job supervision of properly licensed or registered unlicensed persons. One licensed person shall supervise no more unlicensed persons than allowed by M.S. 326B.33, subd. 12;
- (c) All advertising and business forms will be in the name shown on my contractor's license;
- (d) I will immediately notify the Department in writing of any change of address, telephone number, change of business structure, change of responsible master, employment of others, or other information required on my application;
- (e) I understand that an individual may be the responsible licensed individual for only one contractor or employer;

I hereby declare that any statements herein are true and complete, with the same force and effect as though given under oath.

One of the officers listed on the attached Disclosure of Business Owners, Partnership, Officers and Members form must sign below as the applicant. If partnership then all partners must sign below:

<b>APPLICANT SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>
<b>APPLICANT SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>
<b>APPLICANT SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

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E-mail: [DLI.BusinessLicense@state.mn.us](mailto:DLI.BusinessLicense@state.mn.us)  
 Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
 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 are licensed, 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.

If the business is an individual, partnership, corporation, foreign corporation or a limited liability company, the names, addresses, social security numbers, and signatures of all additional owners, partners, officers, or members owning 10 percent or more of the company, must be completed on this form. Please copy this form if you need additional space.

<b>LEGAL NAME OF BUSINESS</b> (Individual name only if no company name is used)	<b>LICENSE/REGISTRATION #</b>
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**ASSUMED NAME - DBA** (doing business as or assumed name) (if applicable)

<b>BUSINESS ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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**LIST ALL Owners, Officers, Partners, and Members** (copy this form if more space is needed)

LAST NAME (include suffix)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
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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
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APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)	DATE
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LAST NAME (include suffix)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
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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
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APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)	DATE
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LAST NAME (include suffix)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)	DATE OF BIRTH (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
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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
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APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)	DATE
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Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
PO Box 64227  
St. Paul, MN 55164-0227  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
E-mail: DLI.License@state.mn.us  
www.dli.mn.gov



CC0516

## Electrical or Elevator Contractor Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	<b>\$25,000</b>	

PRINT IN INK or TYPE

KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_  
(Business name as registered with the Office of the Secretary of State)

\_\_\_\_\_  
(DBA, 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 jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum of **TWENTY FIVE THOUSAND DOLLARS (\$25,000)** for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor & Industry and shall be in lieu of all other license bonds to any other political subdivision as provided in M.S. § 326B.33, subd. 6a.

The condition of the above obligation is such, that whereas, the said Principal is licensed as an Electrical or Elevator Contractor.

This bond shall constitute a new obligation in the sum of **\$25,000** for each biennial license period for which the Principal is licensed, provided, however, that the aggregate liability for the Surety to all persons for any one biennial license period shall in no event exceed the sum of **\$25,000**.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully perform all work entered upon by him as a Electrical or Elevator contractor within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on **March 1, 2014**. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. The aggregate liability of the surety hereunder pertains to all claims arising during the period as defined above and shall in no event exceed the total sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000)**.

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 page two and attach power of attorney form.**

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

\_\_\_\_\_  
NAME OF SURETY

\_\_\_\_\_  
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 required to be notarized. Please copy the page if necessary.)

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

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**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

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 \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

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  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
www.dli.mn.gov  
dli.license@state.mn.us

## Certificate of Compliance Minnesota Workers' Compensation Law



CC0515

**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 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 Minnesota Statutes, 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

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

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
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COUNTY	E-MAIL ADDRESS
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

### NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

### NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



CC0517

## Certificate of Responsible Individual

E-mail: [DLI.License@state.mn.us](mailto:DLI.License@state.mn.us)

Web Site: [www.dli.mn.gov](http://www.dli.mn.gov)

Phone: (651) 284-5034

Check if Change of Responsible Individual

Master Electrician       Master Elevator

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 license requirements. Minnesota Statute § 270C.72, subd 4, requires you to provide your social security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security Number or Minnesota Business Identification number, 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 licensed, 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.

I have read the above statement and I agree to supply the data on this form with the full knowledge and understanding of the information provided in the statement above.

### RESPONSIBLE LICENSED INDIVIDUAL (Master Electrician / Elevator)

PERSONAL LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	DAYTIME PHONE NO	E-MAIL ADDRESS
FULL LEGAL LAST NAME		FULL LEGAL FIRST NAME	MI SUFFIX (Sr., Jr., I, II, III)

### CONTRACTOR LICENSE INFORMATION

LICENSE/REGISTRATION NUMBER	EXPIRATION DATE (MM/DD/YYYY)	PHONE NUMBER	E-MAIL ADDRESS
LEGAL BUSINESS NAME			

### LEGAL ASSUMED NAME (DBA) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

This is to certify that pursuant to M.S. § 326B.33, subd. 17, I am the designated responsible licensed individual for the contractor set forth above, and as such, I will be responsible for:

1. planning, laying out, and supervising all electrical work as required by M.S. § 326B.33, Subd. 17;
2. compliance with National Electrical Code Safety Standards as required by M.S. § 326B.35;
3. ensuring that, when required, each job will be done by, or under the individual on-the-job supervision of properly licensed employees of said contractor as required by M.S. § subd. 12, and that one licensed individual will supervise no more unlicensed individuals on any job than allowed by M.S. § Subd. 12;
4. ensuring that a Request for Electrical Inspection or other inspection form is filed at or before the commencement of all electrical installations requiring inspection as required by M.S. § 326B.36 and;
5. signing all Requests for Electrical Inspection as required by M.S. § 326B.33, subd. 17b;

Pursuant to M.S. § 3236B.33 Subd. 17, I understand that if I am not an owner, sole proprietor, general partner, chief manager, or corporate officer of the entity holding the contractor's license, then I must be a managing employee actively engaged in performing electrical work on behalf of the contractor and I am prohibited from being employed in any capacity as a licensed technician or responsible licensed individual by any other contractor or employer.

I will notify the Department 15 days in advance of resigning as the responsible licensed individual with said contractor, or immediately upon termination by said contractor.

I also understand that under M.S. § 326B.082, subd. 12, the Department may revoke, suspend or refuse to renew any license granted pursuant to the Minnesota Electrical Act if a licensee knowingly and willfully makes a false statement in any license application or otherwise violates the requirements of the Minnesota Electrical Act or Minn. Rules chapter 3800.

SIGNATURE OF RESPONSIBLE LICENSED INDIVIDUAL (mandatory)	DATE
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