



CC0195

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

**Electrical / Elevator Contractor
 License Renewal**

License Fees = \$206.80

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

**PER MS 326B.092; SUBD. 3, A \$90 LATE FEE IS DUE IF THE
 RENEWAL IS RECEIVED BY DLI AFTER THE EXPIRATION DATE**

LICENSE FEES ARE NONREFUNDABLE
Depositing of license fee does not constitute
granting of the license applied for.

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

| SPACE IN BOX FOR OFFICE USE ONLY | | | |
|--|-------------|------------------|-----------|
| Account Number | 632432 | STK | B42ELELIC |
| 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. | | | |

DID YOUR LEGAL BUSINESS STRUCTURE CHANGE? If YES, you must submit a new application.

| | | |
|----------------|-----------------------|--------------|
| LICENSE NUMBER | FEDERAL TAX ID (FEIN) | STATE TAX ID |
|----------------|-----------------------|--------------|

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

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

| | | |
|--------------------------------|------------------------|----------------|
| BUSINESS PHONE NUMBER (public) | OTHER TELEPHONE NUMBER | E-MAIL ADDRESS |
|--------------------------------|------------------------|----------------|

| | | | | |
|---|------|-------|----------|--------------------------|
| PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable) | CITY | STATE | ZIP CODE | ONLINE |
| | | | | <input type="checkbox"/> |

| | | | | |
|---|------|-------|----------|--------------------------|
| BUSINESS MAILING ADDRESS (PO Box is acceptable) (if applicable) | CITY | STATE | ZIP CODE | ONLINE |
| | | | | <input type="checkbox"/> |

| RESPONSIBLE LICENSED INDIVIDUAL (Master Electrician/Elevator) | | | |
|---|------------------------------------|------------|----|
| LICENSE NUMBER | LEGAL LAST NAME (including suffix) | FIRST NAME | MI |

THIS RENEWAL MUST BE SUBMITTED ALONG WITH ALL OF THESE REQUIRED DOCUMENTS

- \$206.80 LICENSE FEE** – This fee includes a two year license fee of \$180.00, a board fee of \$8.00, and an \$18.80 E-Licensing fee.
NOTE: A \$90.00 late fee is due if received after expiration.
- Secretary of State Business Registration Verification** – 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://mbisportal.sos.state.mn.us/> to verify registration.
- \$25,000 Electrical / Elevator Contractor Bond and Power of Attorney** - A \$25,000 Electrical / Elevator Contractor Bond MUST BE SUBMITTED with the license renewal. The EFFECTIVE DATE must be March 1, 2012 and the EXPIRATION DATE must be March 1, 2014. All signatures must be notarized. The bond from submitted MUST be an original with the surety seal. NO photocopies will be accepted.
- Certificate of Insurance** – 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/CCLD/FormsCert.asp>
- 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/CCLD/FormsWC.asp>
- Certificate of Responsible Licensed Individual (Master Electrician / Elevator)** – The Certificate of Responsible Licensed Individual MUST BE COMPLETED AND SUBMITTED with this renewal.

| | | |
|---------------------|-------|------|
| APPLICANT SIGNATURE | TITLE | DATE |
|---------------------|-------|------|

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 |
|----------|-----------------|----------------|
| | \$25,000 | |

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
 TTY/MRS: (651) 297-4198
 E-mail: DLI.BusinessLicense@state.mn.us
 www.dli.mn.gov/ccld.asp



CC0512

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.33, Subd. 16.

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

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

| | | | |
|---|----------------------------|--|--|
| LICENSE TYPE | LICENSE NO (if applicable) | POLICY NUMBER (pending is not acceptable) | |
| Electrical or Elevator Contractor | | | |
| 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) |
| | | <input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements. | |
| DBA ("doing business as" or also known as an assumed name) (if applicable) | | STATUTORY REQUIREMENT | |
| | | Policy provides general liability insurance (including 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 \$50,000; or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits. | |
| STREET ADDRESS (no PO Box) | | This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy. | |
| CITY | STATE ZIP CODE | | |
| MAILING ADDRESS (if different from above) | | NAME OF INSURANCE COMPANY | NAIC ID |
| CITY | STATE ZIP CODE | INSURANCE AGENT'S NAME (Print) | |
| 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. | | MN INSURANCE AGENT'S LICENSE NO. | <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident |
| | | NAME OF INSURANCE AGENCY/CO. | PHONE NUMBER |
| 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. | | ADDRESS | |
| | | CITY | STATE ZIP CODE |
| | | INSURANCE AGENT'S SIGNATURE | DATE |

| |
|--|
| OFFICE USE ONLY Date of DLI Receipt <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
|--|

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.

**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. |
|--|------------------------|-------------------|

| |
|---|
| 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 |
|---|------|-------|-----|

| | |
|--------|----------------|
| COUNTY | E-MAIL ADDRESS |
|--------|----------------|

**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:

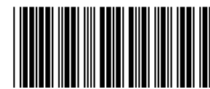
- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation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

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

Web Site: 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 |
|--|------|