

## 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 \$200.00 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.

- 

#### **Residential Roofer 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.

#### **Background Disclosure Form**

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.

- 

#### **BCA Form**

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.

- 

#### **Roofer Bond Form**

- 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.

- 

#### **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.

- 

- Designated Qualifying Person Form – (Qualifying Roofer-QR)**

All applicants must designate a qualifying person. The qualifying person completes and signs the Designated Qualifying Person Form, which validates the designation made in the application form. A missing, incomplete, or inaccurate Designated Qualifying Person Form will cause the application to be deficient and delay processing.

**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**

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services - Residential  
 PO Box 64217  
 St. Paul, MN 55164-0217



**Residential Roofer  
 NEW LICENSE APPLICATION**

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

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

**License Fees = \$200.00**

**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.**

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

SPACE IN BOX FOR OFFICE USE ONLY			
Account Number	632422	STK	B42RCLIC
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"/> Individual (sole proprietor)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Limited Liability Company
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other (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>
-------------------------------------	----------------------------------	--------------------------

**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. All applicants must provide the name and address of an agent in this state authorized to receive service of process and by signing this application hereby give consent to service of process as required by M.S. § 326B.855**

<b>AGENT NAME</b>	<b>AGENT ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>COUNTY</b>
-------------------	----------------------	-------------	--------------	-----------------	---------------

**12. Do you have employees?**     **Yes**     **No**    Whether or not you have employees, 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)

**13. QUALIFYING PERSON**    This is to certify that I am or have in my employ a responsible person who will be actively responsible for the performance of all residential roofing in accordance with the requirements of M.S. § 326B.805

<b>FULL LEGAL LAST NAME</b>	<b>FULL LEGAL FIRST NAME</b>	<b>MI</b>	<b>SUFFIX (Sr., Jr., I, II, III)</b>
<b>REGISTRATION #</b>	<b>EXPIRATION DATE (MM/DD/YYYY)</b>		

This is to certify that the company making this application is in compliance with the provisions of M.S. §§ 326B.81 including:

- (a) Compensation of any employee doing residential construction or remodeling work will be reported on an Internal Revenue Service W-2 form;
- (b) All building permits and building permit applications will be obtain pursuant to local building permit requirements and include the issued license number and name shown on the contractor's license, and in a jurisdiction that has not adopted the State Building Code on the site plan review or zoning permit;
- (c) All contracts to perform residential construction and/or remodeling work, for which a license is required, will be in the name shown on my residential building contractor/remodeler license and include the issued license number;
- (d) All business forms and advertising (e.g., signs, vehicles, business cards, published display ads, flyers, brochures, websites, and internet ads) will be in the name shown on my contractor's license and include the issued license number;
- (e) I will immediately notify the Department in writing of any change of address, telephone number, change of business structure, change of qualifying person, employment of others, or other information required on my application; and
- (f) I understand and accept that the Department of Labor and Industry pursuant to M.S. 326B.082 may revoke, suspend or limit this license or refuse to issue a license if I knowingly and willfully made a false statement in this application.

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. 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>

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



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.

**LEGAL NAME OF BUSINESS** (Individual name only if no company name is used) **LICENSE/REGISTRATION #**

**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>
-------------------------	-------------	--------------	-----------------

**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)
----------------------------	------------	-------------	-------------------------------	---------------------------

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)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	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)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)	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
---------------------------------	--	------

**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**



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

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.

**BCA FORM**  
Bureau of Criminal Apprehension  
Criminal Background Check



CC0514

PRINT IN INK or TYPE your responses

**THIS FORM MUST BE COMPLETED AND SIGNED BY THE QUALIFYING PERSON. THE DEPARTMENT OF LABOR AND INDUSTRY REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS.**

TO: Bureau of Criminal Apprehension

RE: Request for criminal background check

**PROVIDE QUALIFYING PERSON'S COMPLETE LEGAL NAME**

**LAST NAME** (if legal list name is hyphenated, enter both names here)

**FIRST NAME**

**MIDDLE NAME**

ADDITIONAL MIDDLE NAME (if applicable)

MAIDEN NAME (if applicable)

FORMER LIST NAME or OTHER NAME (if applicable)

DATE OF BIRTH (mo/day/yr)

SOCIAL SECURITY NUMBER

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

**THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY**

NAME OF THE COMPANY

COMPANY'S ASSUMED NAME (if applicable)

COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER

YOUR TITLE OR POSITION IN THE COMPANY

**CERTIFICATION AND AUTHORIZATION:**

- I, the undersigned, and my company have made application to the Minnesota Department of Labor and Industry for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.

SIGNATURE OF QUALIFYING PERSON (mandatory)

DATE



CC0516

## Residential Roofer Contractor Bond

E-mail: DLI.License@state.mn.us  
www.dli.mn.gov  
PRINT IN INK OR TYPE

KNOW ALL MEN BY THESE PRESENTS:

BOND NO.	AMOUNT	EFFECTIVE DATE
	<b>\$15,000</b>	

THAT \_\_\_\_\_  
(Business name as registered with the Office of the Minnesota 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 **FIFTEEN THOUSAND DOLLARS (\$15,000)** 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.86, subd. 1.

The condition of the above obligation is such, that whereas, the said Principal is licensed as a Residential Roofer Contractor. The terms of this bond shall be continuous and maintained for so long as the licensee remains licensed and shall constitute a new obligation in the sum of **\$15,000** for each annual license period for which the Principal is licensed, provided, however, that the aggregate liability for the Surety to all persons for any one annual license period shall in no event exceed the sum of **\$15,000**.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully perform all work entered upon by him as a residential roofing contractor within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect. This bond may be canceled as to future liability by the Surety upon 30 days written notice mailed to the commissioner by regular Mail, addressed to the Principal at the address as stated in this bond, and to the Department of Labor and Industry, Construction Codes and Licensing Division, 443 Lafayette Road N., St. Paul, MN 55155.

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 **April 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 **FIFTEEN THOUSAND DOLLARS (\$15,000)**.

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  
PO Box 64217  
St. Paul, Minnesota 55164-0217

\_\_\_\_\_  
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.
--	------------------------	-------------------

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.



## Designated Qualifying Person Form

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

Change of Qualifying Person

- Residential Builder       Residential Remodeler  
 Residential Roofer       Manufactured Home Installer

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

REGISTRATION NUMBER (QB, QC, QR, QI)	EXPIRATION DATE (MM/DD/YYYY)	DAYTIME PHONE NO	E-MAIL ADDRESS
FULL LEGAL LAST NAME (including suffix)		FULL LEGAL FIRST NAME	
			MI

### CONTRACTOR LICENSE INFORMATION

LEGAL BUSINESS NAME

---

LEGAL ASSUMED NAME (DBA) (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 below the company for which you are the qualifying person.

LEGAL BUSINESS NAME	LICENSE NUMBER
---------------------	----------------

To be a qualifying person for two corporations, one of the following must exist (check that which applies):

- There is a common ownership of both corporations amounting to at least 25% by any one owner, officer, partner or member.  
 One corporation is subsidiary to another corporation. "Subsidiary" means 25% ownership by the parent corporation.

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 or residential remodeling 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
--	------