

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155-4342
 Phone: (651) 284-5080 Fax: (651) 284-5743
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 www.doli.state.mn.us/license.html

Unlicensed Registration as an Electrical Workers, Elevator Constructor, Power Limited Technician

Items with * are required to process your application.

Depositing of this registration fee does not constitute granting of the registration applied for. This application will not be approved and the registration applied for will not be renewed or issued unless all of the conditions identified on this application and in M.S. §§ 326.01 and 326.241 to 326.248 and Minn. Rules, Chapter 3800 are complied with. Checks returned for nonpayment will be charged a \$30 fee (M.S. 604.113, subd. 2.)

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

Make check payable to: **Department of Labor and Industry**

DATA PRACTICES NOTICE

Before a registration card is issued to you, M.S. § 270C.72, subd 4, requires you to provide your social security number. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under M.S. § 13.41, the information that you provide on this application, except for your name, and address is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Once you are registered, the information (except for your social security number) becomes public data and will be part of the agency's permanent records.

		SOCIAL SECURITY NUMBER*	DATE OF BIRTH*
LAST NAME*	FIRST NAME*	MIDDLE INITIAL	
HOME ADDRESS*			
CITY		STATE	ZIP CODE*
AREA CODE AND HOME PHONE NUMBER		AREA CODE AND WORK PHONE NUMBER	
I VERIFY THAT ALL INFORMATION IS CORRECT.* (SIGNATURE OF APPLICANT)			DATE*
\$15 <input type="checkbox"/> RE Unlicensed Electrician \$15 <input type="checkbox"/> RM Unlicensed Maintenance Electrician		\$15 <input type="checkbox"/> RT Unlicensed Power Limited Technician \$15 <input type="checkbox"/> RC Unlicensed Elevator Constructor	
Office Use Only	<input type="checkbox"/> Approve <input type="checkbox"/> Deny		Reviewer Initials
REASON(S) DENIED:			
WRS = WRONG SIGNATURE		ILL = ILLEGIBLE OR UNREADABLE	NOA = NO APPLICATION SUBMITTED
NOS = NO SIGNATURE ON APPLICATION		NOF = NO FEE SUBMITTED	CIP = COMPLETED IN PENCIL
OTH = OTHER			
Date Paid	Application Number	Amount Paid	Check Number
Money Order Number	Interagency Payment		Billing Code
			4572

This material can be provided in different forms, such as large print, Braille or audiotape. To request call (651) 284-5080 or TDD (651) 297-4198.