

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services - Electrical
443 Lafayette Road North
St. Paul, MN 55155

Mailing Address:
PO Box 64227
St. Paul, MN 55164-0227

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Directions: <http://www.dli.mn.gov/Direct.asp>
Phone: (651) 284-5034

Electrical Employer Registration

Registration Application Checklist Fill out application form in its entirety

CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

Incomplete or inaccurate applications will delay processing.

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

- Registration Fees \$100.00** Make check or money order payable to the Department of Labor & Industry
- Electrical Employer Registration 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.
- 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/ccld/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.
- Certificate of Employment or Certificate of Supervision –**
All applicants must submit a Certificate of Employment or a Certificate of Supervision found online at: <http://www.dli.mn.gov/CCLD/LicElectricalEmployer.asp>. A missing, incomplete, or inaccurate certificate will cause the application to be deficient and delay processing.

Choose one of the following Certificate of Employment forms for electrical or power limited **CONSTRUCTION AND MAINTENANCE**:

- Certificate of Employment Master Electrician Responsible for Electrical Construction and Maintenance
- Certificate of Employment of Power Limited Technician Responsible for Technology System Construction and Maintenance

Choose one of the following Certificate of Supervision for **MAINTENANCE WORK ONLY**.

- Certificate of Supervision of Electrical Maintenance Work Only by Responsible Master Electrician or an Electrical Contractor
- Certificate of Supervision of Technology Circuit and System Maintenance Work by Responsible Power Limited Technician of A Technology System Contractor
- Certificate of Supervision of Electrical Maintenance Work ONLY by a Licensed Maintenance Electrician or Electrical Engineer

This material can be made available in different formats, such as large print, Braille or on audio.

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services - Electrical
 443 Lafayette Road North
 St. Paul, MN 55155



CC0502

**ELECTRICAL EMPLOYER
 REGISTRATION APPLICATION**

Mailing Address:
 PO Box 64227
 St. Paul, MN 55164-0227

E-mail: dli.license@state.mn.us
 Web Site: www.dli.mn.gov/ccld.asp
 Directions: <http://www.dli.mn.gov/Direct.asp>
 Phone: (651) 284-5034

NEW Renewal Business Entity Change or
 Structure Change

Registration Fee = \$100.00

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

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

**The appropriate Certificate of Employment or Supervision
 form must be submitted along with this application before
 a registration will be issued.**

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	
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			
APPLICATION NUMBER:		REGISTRATION 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 certification 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 your certificate is issued, 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. FEDERAL EMPLOYER TAX NUMBER (FEIN)		2. MINNESOTA TAX NUMBER (MN ID)			
3. EMPLOYER LEGAL BUSINESS NAME			4. TELEPHONE NUMBER		
5. PHYSICAL ADDRESS (PO Box Not acceptable)		CITY	STATE	ZIP CODE	COUNTY
6. MAILING ADDRESS (PO Box is acceptable) (if applicable)		CITY	STATE	ZIP CODE	COUNTY
7. EMPLOYER CONTACT NAME		8. CONTACT E-MAIL		9. CONTACT TELEPHONE	

10. 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 and 3801, including:

- (a) Compensation of any employee doing electrical 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 direct 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) I will immediately notify the Department in writing of any change of address, telephone number, change of business structure, change of responsible licensed individual, employment of others, or other information required on my application;
- (d) 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.

APPLICANT SIGNATURE	TITLE	DATE
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This material can be made available in different formats, such as large print, Braille or on audio.



CC0515

Mailing Address:
PO Box 64227
St. Paul, MN 55164-0227

Certificate of Compliance Minnesota Workers' Compensation Law

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

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Directions: <http://www.dli.mn.gov/Direct.asp>
Phone: (651) 284-5034

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 REGISTRATION 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 NAME (Doing business as name / 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 REGISTRATION 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 audio.



**Certificate of Employment of
 Master Electrician Responsible for
 Electrical Construction and Maintenance
 MUST RESUBMIT EVERY TWO YEARS**

Mailing Address:
 PO Box 64227
 St. Paul, MN 55164-0227

E-mail: dli.license@state.mn.us
 Web Site: www.dli.mn.gov/cclid.asp
 Directions: <http://www.dli.mn.gov/Direct.asp>
 Phone: (651) 284-5034

Check here if this is a change in Responsible Master Electrician

TO BE COMPLETED BY THE RESPONSIBLE MASTER ELECTRICIAN AND AN AUTHORIZED REPRESENTATIVE OF THE EMPLOYER OF THE EMPLOYEES PERFORMING ELECTRICAL CONSTRUCTION AND MAINTENANCE

EMPLOYER NAME		EMPLOYER REGISTRATION NUMBER (if renewal)	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
NAME OF EMPLOYER REPRESENTATIVE	EMAIL ADDRESS	TELEPHONE	
NAME OF MASTER ELECTRICIAN	MASTER LICENSE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
MASTER EMAIL ADDRESS	MASTER TELEPHONE NUMBER		

This is to certify that the designated master electrician for the employer named above will be responsible for compliance with the requirements of the Minnesota Electrical Act and Minnesota Rules Chapter 3800 and 3801 in connection in connection with electrical work performed by employees of that employer, including but not limited to:

1. Planning, laying out, and supervising all electrical work as required by Minnesota Statutes § 326B.33, subd. 1.
2. Compliance of such work with National Electrical Code safety standards, as required by Minnesota Statutes §326B.35.
3. Ensuring that all electrical work, other than maintaining and repairing as defined by Minnesota Rules 3800.3500, subp. 8, will be done by or under the direct supervision of properly licensed employees of said employer as required by Minnesota Statutes § 326B.33, subds. 1, 2, 10 and 13, and that a licensed person will supervise no more than two registered unlicensed persons in accordance with Minnesota Statutes § 326B.31, subd. 12 as applicable; that all provisions of Minnesota Administrative Rules 3800.3550 will be followed, as applicable.
4. Ensuring that a Request for Electrical Inspection or electrical permit is filed at or before the commencement of any electrical installation as required by Minnesota Statutes § 326B.33, subds.1 and 4.

We further understand that it is a misdemeanor under Minnesota Statutes § 326B.084 to knowingly and willfully make a false statement in any license application or other required form, or to perform or direct others to perform electrical work without the required license, and that under Minnesota Statutes § 326B.082, the Commissioner may revoke, suspend, or refuse to renew electrical licenses for such violations and may impose civil penalties up to \$10,000.00 for each violation.

We further understand that the department may require that the employer or designated responsible individual provide evidence of the manner in which they comply with the requirements of Minnesota Statutes § 326B.33 and 326B.36 and Minnesota Electrical Act.

The Department of Labor and Industry shall be immediately notified upon termination of the contract, upon termination of employment of the master electrician by the electrical contractor named and of any changes to the registered unlicensed persons supervised.

We, the undersigned, declare that the information we have provided above is true and correct to the best of our knowledge, and agree to comply with the requirements of the Minnesota Electrical Act administered by the Department of Labor and Industry.

 SIGNATURE OF EMPLOYER'S REPRESENTATIVE

 SIGNATURE OF MASTER ELECTRICIAN

STATE OF _____)
) ss
 COUNTY OF _____)

STATE OF _____)
) ss
 COUNTY OF _____)

Subscribed and sworn to before me
 this _____ day of _____

Subscribed and sworn to before me
 this _____ day of _____

 SIGNATURE OF THE NOTARY PUBLIC

 SIGNATURE OF THE NOTARY PUBLIC



CC0517

Certificate of Supervision of Electrical Maintenance Work ONLY by a Licensed Maintenance Electrician or Electrical Engineer

Mailing Address:
 PO Box 64227
 St. Paul, MN 55164-0227

E-mail: dli.license@state.mn.us
 Web Site: www.dli.mn.gov/ccld.asp
 Directions: <http://www.dli.mn.gov/Direct.asp>
 Phone: (651) 284-5034

MUST SUBMIT EVERY TWO YEARS

Check here if this is a change in Responsible Maintenance Electrician or Electrical Engineer

TO BE COMPLETED BY THE RESPONSIBLE MAINTENANCE ELECTRICIAN OR ELECTRICAL ENGINEER AND AN AUTHORIZED REPRESENTATIVE OF THE EMPLOYER OF THE EMPLOYEES PERFORMING ELECTRICAL MAINTENANCE

EMPLOYER NAME	EMPLOYER REGISTRATION NUMBER (If renewal)
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EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
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MAINTENANCE ELECTRICIAN (MN)	MN LICENSE NUMBER	NAME OF ELECTRICAL ENGINEER (If applicable an electrical engineer MUST submit a copy of diploma to this form.)
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ADDRESS	CITY	STATE	ZIP CODE
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EMAIL ADDRESS	TELEPHONE NUMBER
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This is to certify that the licensed maintenance electrician or electrical engineer employed by the company named above will be responsible for planning, laying out, and supervising all electrical maintenance and repair work performed by this employer's registered unlicensed maintenance electricians on this employer's premises, as permitted under Minnesota Statutes § 326B.33, subd. 21, and for compliance of such work with National Electrical Code safety standards, as required under Minnesota Statutes § 326B.35.

We, the undersigned, recognize that under Minnesota Rules 3800.3500, subp. 8, the maintaining and repairing of electrical wiring, apparatus, and equipment permitted to be done by registered unlicensed individuals under the supervision of a licensed maintenance electrician or electrical engineer is limited to the adjustment or repair or replacement of worn or defective parts of electrical equipment and replacement of defective receptacle outlets and manual switches for lighting control, and does not include the installation of new wiring, apparatus, and equipment or additions, alterations, or extensions to existing wiring, apparatus, or equipment.

We further understand that it is a misdemeanor under Minnesota Statutes § 326B.084 to knowingly and willfully make a false statement in any license application or other required form, or to perform or direct others to perform electrical work without the required license, and that under Minnesota Statutes § 326B.082, the Commissioner may revoke, suspend, or refuse to renew electrical licenses for such violations and may impose civil penalties up to \$10,000.00 for each violation.

We further understand that the department may require that the employer or designated responsible individual provide evidence of the manner in which they will comply with the requirements of Minnesota Electrical Act.

The Department of Labor and Industry shall be immediately notified upon termination of the contract, upon termination of employment of the licensed maintenance electrician or electrical engineer and of any changes to the registered unlicensed persons supervised.

We, the undersigned, declare that the information we have provided above is true and correct to the best of our knowledge, and agree to comply with the requirements of the Minnesota Electrical Act administered by the Department of Labor and Industry.

 SIGNATURE OF EMPLOYER'S REPRESENTATIVE

 SIGNATURE OF MAINT ELECTRICIAN OR ELECTRICAL ENGINEER

STATE OF _____)
) ss
 COUNTY OF _____)

STATE OF _____)
) ss
 COUNTY OF _____)

Subscribed and sworn to before me
 this _____ day of _____

Subscribed and sworn to before me
 this _____ day of _____

 SIGNATURE OF THE NOTARY PUBLIC

 SIGNATURE OF THE NOTARY PUBLIC

This material can be made available in different forms, such as large print, Braille or AUDIO.



CC0517

Certificate of Employment of Power Limited Technician Responsible for Technology System Construction and Maintenance **MUST SUBMIT EVERY TWO YEARS**

Mailing Address:
 PO Box 64227
 St. Paul, MN 55164-0227

E-mail: dli.license@state.mn.us
 Web Site: www.dli.mn.gov/cclid.asp
 Directions: <http://www.dli.mn.gov/Direct.asp>
 Phone: (651) 284-5034

Check here if this is a change in Responsible Power Limited Technician

TO BE COMPLETED BY THE RESPONSIBLE POWER LIMITED TECHNICIAN AND AN AUTHORIZED REPRESENTATIVE OF THE EMPLOYER OF THE EMPLOYEES PERFORMING TECHNOLOGY SYSTEM CONSTRUCTION AND MAINTENANCE

EMPLOYER NAME		EMPLOYER REGISTRATION NUMBER (If applicable)	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
NAME OF EMPLOYER'S REPRESENTATIVE	EMAIL	TELEPHONE	
NAME OF POWER-LIMITED TECHNICIAN		PLT LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
POWER LIMITED TECHNICIAN EMAIL ADDRESS	POWER LIMITED TECHNICIAN TELEPHONE NUMBER		

This is to certify that the designated power limited technician for the employer named above will be responsible for compliance with the requirements of the Minnesota Electrical Act and Minnesota Rules Chapter 3800 and 3801 in connection with technology system work performed by employees of that employer, including but not limited to:

1. Planning, laying out, and supervising all technology system work as required by Minnesota Statutes § 326B.33, subd.7.
2. Compliance of such work with National Electrical Code safety standards, as required by Minnesota Statutes § 326B.35.
3. Ensuring that all technology system work, other than maintaining and repairing as defined by Minnesota Rules 3800.3500, subp. 8, will be done by or under the direct supervision of properly licensed employees of said employer as required by Minnesota Statutes § 326B.33, subds. 7 unless specifically exempt by Minnesota Statutes § 326B.33 subd. 21 and that a licensed person will supervise no more than three registered unlicensed persons in accordance with Minnesota Statutes § 326B.33, subd. 12 as applicable; that all provisions of Minnesota Administrative Rules 3800.3550 will be followed, as applicable.
4. Ensuring that a Request for Electrical Inspection or electrical permit is filed at or before the commencement of all technology system work subject to inspection by Minnesota Statutes § 326B.36, subds.1 and 2.

We further understand that it is a misdemeanor under Minnesota Statutes § 326B.084 to knowingly and willfully make a false statement in any license application or other required form, or to perform or direct others to perform technology system work without the required license, and that under Minnesota Statutes § 326B.082, the Commissioner may revoke, suspend, or refuse to renew electrical licenses for such violations and may impose civil penalties up to \$10,000.00 for each violation.

We further understand that the department may require that the employer or designated responsible individual provide evidence of the manner in which they comply with the requirements of Minnesota Statutes § 326B.33 and 326B.36 and Minnesota Electrical Act.

The Department of Labor and Industry shall be immediately notified upon termination of the contract, upon termination of employment of the power-limited technician by the electrical contractor named and of any changes to the registered unlicensed persons supervised.

We, the undersigned, declare that the information we have provided above is true and correct to the best of our knowledge, and agree to comply with the requirements of the Minnesota Electrical Act administered by the Department of Labor and Industry.

 SIGNATURE OF EMPLOYER'S REPRESENTATIVE

 SIGNATURE OF POWER-LIMITED TECHNICIAN

STATE OF _____)
) ss
 COUNTY OF _____)

STATE OF _____)
) ss
 COUNTY OF _____)

Subscribed and sworn to before me
 this _____ day of _____

Subscribed and sworn to before me
 this _____ day of _____

 SIGNATURE OF THE NOTARY PUBLIC

 SIGNATURE OF THE NOTARY PUBLIC



**Certificate of Supervision of
 Technology Circuit and System Maintenance Work
 by Responsible Power Limited Technician of a
 Technology System Contractor**

Mailing Address:
 PO Box 64227
 St. Paul, MN 55164-0227

E-mail: dli.license@state.mn.us
 Web Site: www.dli.mn.gov/cclid.asp
 Directions: <http://www.dli.mn.gov/Direct.asp>
 Phone: (651) 284-5034

MUST RESUBMIT EVERY TWO YEARS

Check here if this is a change in Responsible Power Limited Technician of a Technology System Contractor

TO BE COMPLETED BY THE RESPONSIBLE POWER LIMITED TECHNICIAN AND AN AUTHORIZED REPRESENTATIVE OF THE EMPLOYER OF THE UNLICENSED PERSONS PERFORMING TECHNOLOGY SYSTEM MAINTENANCE

EMPLOYER NAME		EMPLOYER REGISTRATION NUMBER (If renewal)	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
NAME OF EMPLOYER REPRESENTATIVE	EMAIL ADDRESS	TELEPHONE	
TECHNOLOGY SYSTEM CONTRACTOR (TSC) NAME		TSC LICENSE NUMBER	
NAME OF POWER LIMITED TECHNICIAN		PLT LICENSE NUMBER	
TSC ADDRESS	CITY	STATE	ZIP CODE
TSC EMAIL ADDRESS		TSC TELEPHONE NUMBER	

This is to certify that the power limited technician of record for the technology system contractor named above is under contract to provide services for which a technology system contractor's license is required for the employer named below. As such, this power-limited technician will be responsible for planning, laying out, and supervising all technology system maintenance and repair work performed by that employer's registered unlicensed maintenance employees on the employer's premises, as permitted under Minnesota Statutes § 326B.33, subd. 21, and for compliance of such work with National Electrical Code safety standards, as required under Minnesota Statutes § 326B.35.

We, the undersigned, recognize that under Minnesota. Rules 3800.3500, subp. 8, the maintaining and repairing of electrical wiring, apparatus, and equipment permitted to be done by registered unlicensed individuals under the supervision of a power limited electrician is limited to the adjustment or repair or replacement of worn or defective parts of technology circuit and system equipment and does not include the installation of new wiring, apparatus, and equipment or additions, alterations, or extensions to existing wiring, apparatus, or equipment.

We further understand that it is a misdemeanor under Minnesota Statutes § 326B.084 to knowingly and willfully make a false statement in any license application or other required form, or to perform or direct others to perform electrical work without the required license, and that under Minnesota Statutes § 326B.082, the Commissioner may revoke, suspend, or refuse to renew electrical licenses for such violations and may impose civil penalties up to \$10,000.00 for each violation.

We further understand that the department may require that the employer or designated responsible individual provide evidence of the manner in which they will comply with the requirements of Minnesota Electrical Act.

We will notify the Department of Labor and Industry immediately upon termination of employment of the power limited technician by the technology system contractor named, upon termination of the technology system contractor's contract with the employer of the unlicensed maintenance personnel, and of any changes of the unlicensed persons supervised.

We, the undersigned, declare that the information we have provided above is true and correct to the best of our knowledge, and agree to comply with the requirements of the Minnesota Electrical Act administered by the Department of Labor and Industry.

 SIGNATURE OF EMPLOYER'S REPRESENTATIVE
 STATE OF _____)
 _____) ss
 COUNTY OF _____)

 SIGNATURE OF POWER LIMITED TECHNICIAN
 STATE OF _____)
 _____) ss
 COUNTY OF _____)

Subscribed and sworn to before me
 this _____ day of _____

Subscribed and sworn to before me
 this _____ day of _____

 SIGNATURE OF THE NOTARY PUBLIC

 SIGNATURE OF THE NOTARY PUBLIC

This material can be made available in different forms, such as large print, Braille or AUDIO.