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 <u>DepartmentofLabor&Industry</u>
	must be comple	pplication Form te and signed. All information requested on the application form must be provided and ll be deficient and delay processing.
All applicants must proprovide a certificate or and submit the depart www.dli.mn.us/ccld/fo	ovide evidence f insurance show tment's Certifica orms.asp. Applicance form in its er	on of Compliance Form of compliance with Minnesota's workers' compensation insurance requirement. You may wing your business is covered by workers' compensation insurance. Or, you may complete the of Compliance with Minnesota's Workers' Compensation Laws, which is available online at cants claiming exemption from workers' compensation insurance coverage must complete the ntirety and sign the form. A missing, incomplete or inaccurate certificate will cause the processing.
All applicants must su http://www.dli.mn.gov/to be deficient and de	bmit a Certification of the control	ticate of Supervision – te of Employment or a Certificate of Supervision found online at: cicalEmployer.asp. A missing, incomplete, or inaccurate certificate will cause the application te of Employment forms for electrical or power limited CONSTRUCTION AND
MAINTENANCE:Certificate of	Employment M	aster Electrician Responsible for Electrical Construction and Maintenance Power Limited Technician Responsible for Technology System Construction and
Maintananas		. andand a common 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

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ELECTRICAL EMPLOYER REGISTRATION APPLICATION

E-mail: dli.license@state.mn.us Web Site: www.dli.mn.gov/ccld.asp Directions: http://www.dli.mn.gov/Direct.asp		□ NEW	☐ Renewal		susiness Enti Structure Cha		
Phone: (651) 284-5034			Registra	tion Fee =	\$100.00		
MAKE CHECK OR MONEY ORDER PAYAR MINNESOTA DEPARTMENT OF LABOR & I		SPACE IN BOX FOR OFFICE USE ONLY					
		Account #	632432	STK	B42ELEL	.IC	
REGISTRATION FEES ARE NONREF Depositing of license fee does not of	onstitute	Check Num	oer	Amo	unt Paid		
granting of the license applied	for.		CCK Ursuant to Minnes	sota	eposit Date		
The appropriate Certificate of Employment form must be submitted along with this apparegistration will be issued.	Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties						
PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YO	UR RECORD	APPLICATION	ON NUMBER:	REGI	STRATION N	UMBER:	
The information you as an individual provide i if you meet the Department's certification requnumber and Minnesota Business Identification processing your application. With the exception required to supply the requested data on this of your application or result in the denial of the application is private data while the application law, including but not limited to the Attorney order, and/or for the purpose of verification are Social Security number and non-designated a	uirements. Minneso on number on this on of your Social S application; however e same. Except for in is pending. Disclo deneral's Office, the ad investigation. Or ddress, becomes pu	ta Statute § 2 application. security or Mir er, failure to p r your name a osure of this in Department once your certifublic data and	70C.72, subd 4, The other information and the requested and designated and formation to other factors is issued, the Information to issued, the Information to issued, the Information the Information and Information the Information and Information the Information and Information and Information and Informatical Information and Information and Information and Informatical Information and Informatical Information and Informatical Infor	requires you to nation is being s Identification ested information ddress, the information ers may occur Department of the information d to anyone up	o provide your g requested for number, you on may delay formation you as authorized Human Servid you provide, on request.	social security or purposes of are not legally the processing provide on this I or required by ces, upon court	
3. EMPLOYER LEGAL BUSINESS NAME				4. TELEPI	HONE NUMBI	≣R	
5. PHYSICAL ADDRESS (PO Box Not accepta	ble)	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-I	MAIL		9. CONTA	CT TELEPHO	DNE	
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		
This material can be made available in diffe	erent formats sucl	n as large nri	nt Braille or on	audio			

This material can be made available in different formats, s

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

CC0515

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Web Site: www.dli.mn.gov/ccld.asp
Directions: http://www.dli.mn.gov/Direct.asp

APPLICANT SIGNATURE (mandatory)

Phone: (651) 284-5034 **PRINT IN INK or TYPE.**

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED AND SIGNED BY ALL BUSINESS TYPES

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. 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) STATE ZIP COUNTY E-MAIL ADDRESS 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 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.

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

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.

CC0515 Work Comp Compliance (7/15)

TITLE

DATE

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

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

Subscribed and sworn to before me

SIGNATURE OF THE NOTARY PUBLIC

this _____day of ___

E-mail: dli.license@state.	mn.us
Web Site: www.dli.mn.go	ov/ccld.asp
Directions: http://www.dli.	mn.gov/Direct.as

Check here if this is a change in Responsible Master Electrician

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 NUM	BER
ADDRESS	CITY	STATE ZIP CODE
MASTER EMAIL ADDRESS	MASTER TELEPHONE N	IUMBER
subds. 1, 2, 10 and 13, and that a licensed per Minnesota Statutes § 326B.31, subd. 12 as a followed, as applicable. 4. Ensuring that a Request for Electrical Insperins tallation as required by Minnesota Statutes § We further understand that it is a misdemeanor any license application or other required form, and that under Minnesota Statutes § 326B.082, the violations and may impose civil penalties up to the further understand that the department in the manner in which they comply with the requirement of Labor and Industry shall be the master electrician by the electrical contractors.	erson will supervise no more than two regapplicable; that all provisions of Minneson applicable; that all provisions of Minneson applicable; that all provisions of Minneson action or electrical permit is filed at or before 3 326B.33, subds.1 and 4. The under Minnesota Statutes § 326B.084 to be a superform or direct others to perform electron approach of the provision and the provided above is true and contact applicable.	knowingly and willfully make a false statement in ectrical work without the required license, and efuse to renew electrical licenses for such ated responsible individual provide evidence of and 326B.36 and Minnesota Electrical Act. the contract, upon termination of employment of ered unlicensed persons supervised.
SIGNATURE OF EMPLOYER'S REPRESENTATIVE	SIGN	NATURE OF MASTER ELECTRICIAN
STATE OF)	STATE OF _))ss
COUNTY OF	COUNTY OF)

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

SIGNATURE OF THE NOTARY PUBLIC

Subscribed and sworn to before me

this _____day of ____

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

Phone: (651) 284-5034

E-mail: dli.license@state.mn.us Web Site: www.dli.mn.gov/ccld.asp Directions: http://www.dli.mn.gov/Direct.asp **Certificate of Supervision of Electrical Maintenance Work ONLY by** Responsible Master Electrician of an Electrical Contractor **MUST SUBMIT EVERY TWO YEARS**

☐ Check here if this is a change in Responsible Master Electrician of an Electrical Contractor

SIGNATURE OF THE NOTARY PUBLIC

то ве	COMPLETED	BY THE	RESPONSIBLE	MASTER	ELECTRICIAN	and an	AUTHORIZED	REPRESENTATIVE	OF TH	IE EMPLOYER	OF T	ГНІ

		EMPLOYER RE (If renewal)	EGISTRATION NUMBER
EMPLOYER ADDRESS		CITY	STATE ZIP CODE
NAME OF EMPLOYER REPRESENTATIVE	EMAIL ADDRESS	TELEPHONE N	UMBER
ELECTRICAL CONTRACTOR NAME		CONTRACTOR	LICENSE NUMBER
NAME OF MASTER ELECTRICIAN		MASTER LICEN	NSE NUMBER
ELECTRICAL CONTRACTOR ADDRESS	C	CITY S	TATE ZIP CODE
ELECTRICAL CONTRACTOR EMAIL ADDRESS		ELECTRICAL C	CONTRACTOR TELEPHONE NUMBE
This is to certify that the Class A master electrician electrical contractor's license is required for the emp supervising all electrical maintenance and repair wo premises, as permitted under Minnesota Statutes § required under Minnesota Statutes § 326B.35. We, the undersigned, recognize that under Minneso permitted to be done by registered unlicensed indiviworn or defective parts of electrical equipment and rethe installation of new wiring, apparatus, and equipment.	ployer also named below. As such, this rk performed by this employer's register \$ 326B.33, subd. 21, and for compliant a Rules 3800.3500, subp. 8, the main duals under the supervision of a master replacement of defective receptacle out	master electrician will be re- ered unlicensed maintenance nce of such work with Nation taining and repairing of elec- er electrician is limited to the tlets and manual switches for	sponsible for planning, laying out, and electricians on this employer's nal Electrical Code safety standards, a trical wiring, apparatus, and equipmen adjustment or repair or replacement or lighting control, and does not include
We further understand that it is a misdemeanor under application or other required form, or to perform or d 326B.082, the Commissioner may revoke, suspend, for each violation.	lirect others to perform electrical work v	without the required license,	and that under Minnesota Statutes §
	require that the employer or designa	ted responsible individual	provide evidence of the manner in wh
		iou respensive marriage.	
they comply with the requirements of Minnesota Elec We will notify the Department of Labor and Industry upon termination of the electrical contractor's contra	ctrical Act. immediately upon termination of emplo	oyment of the master electri	cian by the electrical contractor named
they comply with the requirements of Minnesota Elei We will notify the Department of Labor and Industry upon termination of the electrical contractor's contra persons supervised. We, the undersigned, declare that the information w	ctrical Act. immediately upon termination of emploct with the employer of the unlicensed the have provided above is true and corrections.	byment of the master electric maintenance personnel, and rect to the best of our knowle	cian by the electrical contractor named I of any changes of the unlicensed
they comply with the requirements of Minnesota Elei We will notify the Department of Labor and Industry upon termination of the electrical contractor's contra persons supervised. We, the undersigned, declare that the information w requirements of the Minnesota Electrical Act adminis	ctrical Act. immediately upon termination of emplo ct with the employer of the unlicensed be have provided above is true and correstered by the Department of Labor and	byment of the master electric maintenance personnel, and rect to the best of our knowle	cian by the electrical contractor named dof any changes of the unlicensed edge, and agree to comply with the
they comply with the requirements of Minnesota Elei We will notify the Department of Labor and Industry upon termination of the electrical contractor's contra persons supervised. We, the undersigned, declare that the information w requirements of the Minnesota Electrical Act adminis SIGNATURE OF EMPLOYER'S REPRESENTATIVE STATE OF	ctrical Act. immediately upon termination of emploct with the employer of the unlicensed be have provided above is true and corrected by the Department of Labor and SIGNA STATE	byment of the master electric maintenance personnel, and rect to the best of our knowled Industry.	cian by the electrical contractor named of any changes of the unlicensed edge, and agree to comply with the
	ctrical Act. immediately upon termination of emplored with the employer of the unlicensed the have provided above is true and correstered by the Department of Labor and SIGNA STATE STATE STATE	byment of the master electric maintenance personnel, and rect to the best of our knowled Industry.	cian by the electrical contractor named of of any changes of the unlicensed edge, and agree to comply with the RICIAN)) ss

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

SIGNATURE OF THE NOTARY PUBLIC

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

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

MUST SUBMIT EVERY TWO YEARS

E-mail: dli.license@state.mn.us Web Site: www.dli.mn.gov/ccld.asp Directions: http://www.dli.mn.gov/Direct.asp

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

Phone: (651) 284-5034

EMPLOYER NAME				EMPLOYER F (If renewal)	REGISTRAT	ION NUMBER
EMPLOYER ADDRESS		CITY		STA	TE	ZIP CODE
MAINTENANCE ELECTRICIANI (MNI)	MN LICENSE NUMBER	TNAME OF TH	CTDICAL FAICIA	ICCD (If applicable	an alastrical	angineer MUCT
MAINTENANCE ELECTRICIAN (MN)	WIN LICENSE NOWBER		of diploma to this	IEER (If applicable form.)	an electrical	engineer MOST
ADDRESS	Cl	ITY		STATE	ZIP	CODE
EMAIL ADDRESS			TELEPHONE NU	JMBER		
This is to certify that the licensed maintenance out, and supervising all electrical maintenance premises, as permitted under Minnesota Stat required under Minnesota Statutes § 326B.35.	and repair work performed	by this employe	r's registered unli	censed maintenand	ce electriciar	ns on this employer's
We, the undersigned, recognize that under Mi permitted to be done by registered unlicensed adjustment or repair or replacement of worn of for lighting control, and does not include the apparatus, or equipment.	d individuals under the super r defective parts of electrica	ervision of a lice al equipment an	ensed maintenand d replacement of	ce electrician or ele defective receptac	ectrical engir cle outlets a	neer is limited to the nd manual switches
We further understand that it is a misdemea application or other required form, or to perfor 326B.082, the Commissioner may revoke, sus for each violation.	m or direct others to perforr	m electrical worl	without the requ	ired license, and th	nat under Mi	nnesota Statutes §
We further understand that the department they will comply with the requirements of Minne		oyer or designa	ted responsible i	ndividual provide e	evidence of	the manner in which
The Department of Labor and Industry shall maintenance electrician or electrical engineer a					of employn	nent of the licensed
We, the undersigned, declare that the information requirements of the Minnesota Electrical Act and	•			st of our knowledg	e, and agre	e to comply with the
SIGNATURE OF EMPLOYER'S REPRESENT	ATIVE	SIGNA	TURE OF MAINT	ELECTRICIAN OF	R ELECTRIC	CAL ENGINEER
STATE OF)	STATI)	-
COUNTY OF) ss)	COUN	TY OF) ss)	i
Subscribed and sworn to before me thisday of			ribed and sworn to			
SIGNATURE OF THE NOTARY PUBLIC		SIGNA	TURE OF THE N	OTARY PUBLIC		

CC0517 Cert of Supervision MN or Engineer 7/15

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

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Directions: http://www.dli.mn.gov/Direct.asp

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

Certificate of Employment of

Technology System Construction and Maintenance

MUST SUBMIT EVERY TWO YEARS

Power Limited Technician Responsible for

Phone: (651) 284-5034

EMPLOYEES PERFORMING TECHNOLOGY SYSTEM CONS				EMPLOYER REGISTR (If applicable)	RATION NUMBER
EMPLOYER ADDRESS		CIT	Y	STATE	ZIP CODE
NAME OF EMPLOYER'S REPRESENTATIVE	EMAIL			TELEPHONE	
NAME OF POWER-LIMITED TECHNICIAN			PLT LICENSE NU	JMBER	
ADDRESS		CITY		STATE	ZIP CODE
POWER LIMITED TECHNICIAN EMAIL ADDRESS		POWER LIMITE	D TECHNICIAN TE	ELEPHONE NUMBER	
This is to certify that the designated power limited tecrequirements of the Minnesota Electrical Act and Miniperformed by employees of that employer, including but in 1. Planning, laying out, and supervising all technology is 2. Compliance of such work with National Electrical Cod 3. Ensuring that all technology system work, other than done by or under the direct supervision of properly	nesota Ri not limited ystem wo le safety s maintainii	ules Chapter 3 I to: rk as required b standards, as re- ng and repairing	800 and 3801 ir y Minnesota Stat quired by Minnes ı as defined by M	n connection with ted utes § 326B.33, subd ota Statutes § 326B.3 linnesota Rules 3800.	chnology system wor .7. 85. 3500, subp. 8, will be

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

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

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

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	<u>/E</u>	SIGNATURE OF POWER-LIMITED TECHNICIAN			
STATE OF)) ss)	STATE OF)) ss		
Subscribed and sworn to before me thisday of		Subscribed and sworn to before me thisday of			
SIGNATURE OF THE NOTARY PUBLIC		SIGNATURE OF THE NOTARY PUBLIC			

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Web Site: www.dli.mn.gov/ccld.asp
Directions: http://www.dli.mn.gov/Direct.asp
Phone: (651) 284-5034

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

MUST RESUBMIT EVERY TWO YEARS

Certificate of Supervision of

☐ Check here	if this is a change in Responsible Power Limite	ed Technician of a Te	chnology System Contractor
TO BE COMPLETED BY THE RESPONSIBLE POWER LUNLICENSED PERSONS PERFORMING TECHNOLOGY			
EMPLOYER NAME		EMPLOYER REGIS (If renewal)	TRATION NUMBER
EMPLOYER ADDRESS	CITY	TATE	ZIP CODE
NAME OF EMPLOYER REPRESENTATIVE	EMAIL ADDRESS	TELEPHONE	
TECHNOLOGY SYSTEM CONTRACTOR (TSC) NAME		TSC LICENSE NUM	MBER
NAME OF POWER LIMITED TECHNICIAN		PLT LICENSE NUM	BER
TSC ADDRESS	CITY	STATE	ZIP CODE
TSC EMAIL ADDRESS		TSC TELEPHONE N	NUMBER
This is to certify that the power limited technician of record technology system contractor's license is required for the out, and supervising all technology system maintenance employer's premises, as permitted under Minnesota Stastandards, as required under Minnesota Statutes § 326B.3.	employer named below. As such, this power-limit and repair work performed by that employer's re tutes § 326B.33, subd. 21, and for compliance	ed technician will be registered unlicensed n	responsible for planning, laying naintenance employees on the
We, the undersigned, recognize that under Minnesota. Ru permitted to be done by registered unlicensed individual replacement of worn or defective parts of technology equipment or additions, alterations, or extensions to existing	ils under the supervision of a power limited el circuit and system equipment and does not i	ectrician is limited to	the adjustment or repair or
We further understand that it is a misdemeanor under lapplication or other required form, or to perform or direct 326B.082, the Commissioner may revoke, suspend, or refreach violation.	others to perform electrical work without the req	uired license, and that	t under Minnesota Statutes §
We further understand that the department may require they will comply with the requirements of Minnesota Electric		individual provide evi	dence of the manner in which
We will notify the Department of Labor and Industry system contractor named, upon termination of the technolany changes of the unlicensed persons supervised.	, ,	'	, ,
We, the undersigned, declare that the information we have requirements of the Minnesota Electrical Act administered leads to the Minnesota Electrical Act administration and the Minnesota Electrical Act administ		est of our knowledge,	and agree to comply with the
SIGNATURE OF EMPLOYER'S REPRESENTATIVE	SIGNATURE OF POWE	R I IMITED TECHNICI	AN
STATE OF	07.175.05	TENTITED TESTINION)
COUNTY OF) ss	COUNTY OF) ss)
Subscribed and sworn to before me	Subscribed and sworn to	hefore me	

this _____day of ___

SIGNATURE OF THE NOTARY PUBLIC

this _____day of ___

SIGNATURE OF THE NOTARY PUBLIC