

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification - Electrical
PO Box 64227
St. Paul, MN 55164-0227

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

Satellite System Contractor

New License Application Checklist

Fill out application form in its entirety

CASH IS NOT ACCPETED 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 \$206.80 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 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))**
- Satellite System Contractor Application Form**
The application form must be complete and signed. All information requested on the application form must be provided and complete.
- 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.
- Satellite System Contractor Bond**
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.
- 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. 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.
- 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/FormsWC.asp. Applicants claiming exemption from workers' compensation insurance coverage must complete the certificate of compliance form in its entirety and sign the form.
- Certificate of Responsible Licensed Individual (Satellite System Installer)**
All applicants must designate a responsible licensed individual who shall be responsible for the performance of all electrical work in accordance with MS § 326B.31 to 326B.33, Minn. Rules, chapter 3800, as well as all orders issued under MS § 326B.082. The licensed Master Electrician or Master Elevator Constructor completes and signs the Certificate of Responsible Licensed Individual, which validates the designation made in the application form.

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 / Electrical
 PO Box 64227
 St. Paul, MN 55164-0227



CC0502

**Satellite System Contractor
 NEW LICENSE APPLICATION**

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

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

License Fees = \$206.80

**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 RECORD**

SPACE IN BOX FOR OFFICE USE ONLY			
Account #	632432	STK	B42EELIC
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:		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)

Federal Employer Tax Number (FEIN) (if applicable)	Minnesota Tax Number (MN ID) (if applicable)	Employment Insurance Acct No (if applicable)
If the applicant is an individual (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.		Social Security Number

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.

5. BUSINESS TELEPHONE NUMBER	6. OTHER TELEPHONE NUMBER	7. E-MAIL ADDRESS
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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.

8. MAIN (LEGAL) ADDRESS (PO Box Not acceptable)	CITY	STATE	ZIP CODE	ONLINE <input type="checkbox"/>
9. PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable)	CITY	STATE	ZIP CODE	ONLINE <input type="checkbox"/>
10. BUSINESS MAILING ADDRESS (PO Box is acceptable) (if applicable)	CITY	STATE	ZIP CODE	ONLINE <input type="checkbox"/>

11. Do you have employees? **Yes** **No** Whether you have employees or not, you must also complete the worker's compensation Certificate of Compliance form located on our website at www.dli.mn.gov

12. Responsible Licensed Individual This is to certify that I am or have in my employ a responsible licensed individual who will be actively responsible for the performance of all satellite broadcast communication system work, including planning, laying out and supervising installation of all such work, in accordance with the requirements of the Minnesota Electrical Act, M.S. §§ 326B.31 to 326B.399, and Minnesota Rules Chapter 3800.

FULL LEGAL LAST NAME	FULL LEGAL FIRST NAME	MI	SUFFIX (Sr., Jr., I, II, III)
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LICENSE #	LICENSE TYPE (Satellite System Installer)	EXPIRATION DATE (MM/DD/YYYY)
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This is to certify that the company making this application is in compliance with the Minnesota Electrical Act, M.S. §§ 326B.31 to 326B.399 and Minnesota Rules, Chapter 3800, including:

- (a) Compensation of any employee performing satellite broadcast communication system work will be reported on an Internal Revenue Service W-2 form;
- (b) All satellite broadcast communication system work will be performed by an individual either holding a satellite system installer, power limited technician or electrician license issued by the department, or if unlicensed, registered with the department;
- (c) All advertising and business forms will be in the name shown on the contractor's license;
- (d) All vehicles used in the performance of satellite broadcast communication system work will be marked with the name of the contractor as shown on the license and the license number;
- (e) 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; and
- (f) I understand that an individual may be the responsible licensed individual for only one contractor.

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 must sign below as the applicant. If partnership then all partners must sign below:

APPLICANT SIGNATURE	TITLE	DATE
APPLICANT SIGNATURE	TITLE	DATE
APPLICANT SIGNATURE	TITLE	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.BusinessLicense@state.mn.us
 Web Site: 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)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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CC0516

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

Satellite System Contractor Bond

E-mail: DLI.License@state.mn.us
www.dli.mn.gov

BOND NO.	AMOUNT \$25,000.00	EFFECTIVE DATE
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PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT _____
(Business name as registered with the Office of the Secretary of State)

(DBA, doing business as name if applicable)

With business office at _____
(Business address, City, State, Zip Code, Telephone number)

as PRINCIPAL, and _____
(Surety Company Name)

(Surety Company Address, City, State, Zip Code, Telephone number)

A corporation duly organized in the state of _____ and authorized to do business in the state of Minnesota, as Surety, are jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum of TWENTY FIVE THOUSAND DOLLARS (\$25,000.00) for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor & Industry and shall be in lieu of all other license bonds to any other political subdivision as provided in M.S. § 326B.33, subd.15.

The condition of the above obligation is such, that whereas, the said Principal is licensed as a Satellite System Contractor. This bond shall constitute a new obligation in the sum of \$25,000.00 for each biennial license period for which the Principal is licensed, provided, however, that the aggregate liability for the Surety to all persons for any one biennial license period shall in no event exceed the sum of \$25,000.00.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully perform all work entered upon by him as a Satellite System contractor within the state of Minnesota, then this obligation to be void; otherwise to remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on **August 1, 2014**. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. The aggregate liability of the surety hereunder pertains to all claims arising during the period as defined above and shall in no event exceed the total sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00)**.

Signed and sealed this _____ day of _____

(SURETY SEAL)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Acknowledge (notarize) signatures on page two and attach power of attorney form.

File with: Minnesota Department of Labor and Industry
CCLD – Licensing and Certification
443 Lafayette Road N
St. Paul, Minnesota 55155

NAME OF SURETY

SIGNATURE OF ATTORNEY IN FACT (SURETY COMPANY)

A OR B AND C MUST BE COMPLETED

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership

(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same
to be his/her/their own free act and deed.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

B. FOR ACKNOWLEDGEMENT of Corporate

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she
acknowledged said instrument to be the free act and deed of the corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT of Corporate Surety

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
and _____ to me personally known, who being by me duly sworn, did say that
he/she is the attorney in fact, of _____, the
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the
said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said
_____ acknowledged that he/she executed said instrument as attorney in
fact as the free act and deed of said corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____



CC0512

Certificate of Insurance

Covering General Liability and Property Damage

Liability Insurance Coverage: This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.33, Subd. 16.

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

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

LICENSE TYPE	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
Satellite System Contractor		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.)		<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
DBA ("doing business as" or also known as an assumed name) (if applicable)		STATUTORY REQUIREMENT Policy provides general liability insurance (including premises and operations insurance and products and completed operations insurance) with limits of at least \$100,000 per occurrence, \$300,000 aggregate limit for bodily injury, and property damage insurance with limits of at least \$50,000; or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits.	
STREET ADDRESS (no PO Box)		This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.	
CITY	STATE	ZIP CODE	
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	NAIC ID
CITY	STATE	ZIP CODE	INSURANCE AGENT'S NAME (Print)
Data Practices Notice Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license.		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
Cancellation Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.		ADDRESS	
		CITY	STATE
		INSURANCE AGENT'S SIGNATURE	DATE

OFFICE USE ONLY Date of DLI Receipt

Certificate Holder

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

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.
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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 ("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
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COUNTY	E-MAIL ADDRESS
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**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
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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 a tape. To request, 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 / Electrical
PO Box 64227
St. Paul, MN 55164-0227



CC0517

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

Certificate of Responsible Individual Satellite System Installer

Check if Change of Responsible Individual

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's license requirements. Minnesota Statute § 270C.72, subd 4, requires you to provide your social security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security Number or Minnesota Business Identification number, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are licensed, the information you provide, other than your Social Security number and non designated address, becomes public data and may be released to anyone upon request.

I have read the above statement and I agree to supply the data on this form with the full knowledge and understanding of the information provided in the statement above.

RESPONSIBLE LICENSED INDIVIDUAL (Satellite System Installer)

PERSONAL LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	DAYTIME PHONE NO	E-MAIL ADDRESS
FULL LEGAL LAST NAME		FULL LEGAL FIRST NAME MI	SUFFIX (Sr., Jr., I, II, III)

CONTRACTOR LICENSE INFORMATION

LICENSE/REGISTRATION NUMBER	EXPIRATION DATE (MM/DD/YYYY)	PHONE NUMBER	E-MAIL ADDRESS
LEGAL BUSINESS NAME			

LEGAL ASSUMED NAME (DBA) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
This is to certify that pursuant to M.S. § 326B.33, subd. 17, I am the designated responsible licensed individual for the contractor set forth above, and as such, I will be responsible for:			

1. planning, laying out, and supervising all electrical work as required by M.S. § 326B.33, Subd. 17;
2. compliance with National Electrical Code Safety Standards as required by M.S. § 326B.35;

Pursuant to M.S. § 3236B.33 Subd. 17, I understand that if I am not an owner, sole proprietor, general partner, chief manager, or corporate officer of the entity holding the contractor's license, then I must be a managing employee actively engaged in performing satellite broadcast communication system work on behalf of the contractor and I am prohibited from being employed in any capacity performing electrical work for any other contractor or employer.

I will notify the Department 15 days in advance of resigning as the responsible licensed individual with said contractor, or immediately upon termination by said contractor.

I also understand that under M.S. § 326B.082, subd. 12, the Department may revoke, suspend or refuse to renew any license granted pursuant to the Minnesota Electrical Act if a licensee knowingly and willfully makes a false statement in any license application or otherwise violates the requirements of the Minnesota Electrical Act or Minn. Rules chapter 3800.

SIGNATURE OF RESPONSIBLE LICENSED INDIVIDUAL (mandatory)	DATE
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