



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

Qualifying Person Designation Form

- Residential Builder Residential Roofer
 Residential Remodeler Manufactured Home Installer

CHECK BOX if this is a Change of Qualifying Person. You must also complete the Application for Change of Qualifying Person Designation packet which includes the **Background Disclosure Form** and the **BCA Form** for the NEW Qualifying Person. This packet is located on our website at <http://dli.mn.gov/CCLD/RBCCContractorRemodApp.asp>

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 - The qualifying person is also responsible for taking [14 hours of CCLD-approved continuing education](#) which includes one hour of energy in order to renew the company's license every two years. **If Continuing Education (CE) was taken in 2011 also attach copy of CE certificate(s) OR** If this is a new qualifying person attach original passing exam results.
***QUALIFYING PERSON REGISTRATION NUMBER** Search an individual's name on DLI website <https://secure.doli.state.mn.us/lookup/licensing.aspx>

FULL LEGAL LAST NAME (including suffix Jr, Sr, I, II, etc)	FULL LEGAL FIRST NAME		MI
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE
QUALIFYING PERSON REGISTRATION NUMBER*	DAYTIME TELEPHONE NO	E-MAIL ADDRESS	

CONTRACTOR LICENSE INFORMATION

LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)

DBA NAME (Doing business as name / assumed name – 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 the business entity for which you are the qualifying person.

LEGAL BUSINESS NAME (licensed by Department of Labor and Industry)	LICENSE NUMBER
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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, residential remodeling, residential roofing or manufactured home installing 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
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