

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

## Residential Roofer Contractor LICENSE APPLICATION INSTRUCTIONS

Mailing Address:  
PO Box 64217  
St. Paul, MN 55164-0217

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

**STEP 1 - Starting a Business in Minnesota:** Before submitting a new license application you must choose a business structure for your business entity. To obtain more information relating to starting a business in Minnesota you can contact the Minnesota Department of Employment and Economic Development at <http://www.positivelyminnesota.com/Business> or call 651-556-8425.

**STEP 2 – Minnesota Secretary of State Office:** Before submitting a new license application you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us/index.aspx?page=92> to obtain information relating to the registration of your business entity or business name in Minnesota. Contact SOS by phone at 651-296-2803 or 1-877-551-6767.

**STEP 3 - Tax ID & Employment Insurance** - Except for individuals (sole-proprietor) or one-member limited liability companies without employees or taxable sales, all businesses must disclose their Federal Employer Identification Number (FEIN) and their State Tax Identification number. Individuals (sole proprietor) or one member limited liability companies must provide a Social Security number. Tax numbers are available from the state or federal revenue agencies below:

Minnesota Tax Identification Number	651-282-5225
Federal Employer Identification Number	800-829-4933
Employment & Economic Development (Unemployment Insurance)	651-296-6141
Labor & Industry (Workers' Compensation Insurance)	651-284-5032
Revenue (if making retail sales in Minnesota)	651-296-6181 – corporate Sales Tax ID

### STEP 4 - INFORMATION FOR USE IN COMPLETING THE NEW LICENSE APPLICATION:

#### Legal Business Name:

- **Individual/Sole Proprietor** -The legal business name for all individual proprietors is the full legal name (first, middle, last) of the individual business owner.
- **General Partnerships** - The legal business name of a partnership consisting of two or more individuals, is the full legal names of each partner (first, middle, last) and must include all business partners.
- **All other business types** - The legal business name of a Corporation, Foreign Corporation, Limited Liability Company, Limited Liability Partnership, or Limited Partnerships is the exact business entity name as filed with the Office of the Minnesota Secretary of State

**Minnesota Secretary of State (SOS):** If your business entity or business name is required to be registered with the SOS, you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us/index.aspx?page=92> to obtain the required business documentation.

**Doing Business As (DBA) Name / Assumed Name:** Any business operating by a name other than their full legal business name is also, required to file a Certificate of Assumed Name with the Minnesota Secretary of State to obtain authority for use of the assumed name. **NOTE:** Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed (DBA) names must be registered with the Office of the Secretary of State.

**Physical Address:** By law, this address must be the actual physical location from which the company conducts its business; a PO Box is not acceptable. If you would like a different address to be provided to the public on your license, please check the "NO" box in this field and provide us with your public address in the "Mailing Address" field below.

**Mailing Address:** If you choose not to make your Physical Address your public address, you must provide us with an address that will be the address that prints on your license and displays on our license lookup. This address can be a PO Box, as long as you provide us with your actual physical location in the "Physical Address" field.

**Minnesota Registered Agent:** All applicants must provide the name and address of a Minnesota registered agent authorized to receive service of process and give consent to service of process as required by M.S. § 326B.855.

**STEP 5 - Before submitting your NEW license application, carefully read and follow the Application Requirements included with this application packet.**



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 St. Paul, MN 55164-0217

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

**Residential Roofer License Renewal**

**License Fees = \$165.00**  
**LICENSE FEE IS NON-REFUNDABLE**  
**CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

\*A \$80.00 late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092, subd. 3

**DID YOUR LEGAL BUSINESS ENTITY OR STRUCTURE CHANGE?**  
 If YES, do not use this form, you must submit a new license application from our website at <http://dli.mn.gov/CCLD/RBCCContractorRemodApp.asp>

**Avoid processing delays by uploading your completed renewal application online at <https://secure.doli.state.mn.us/license/intro.aspx>**

SPACE IN BOX FOR OFFICE USE ONLY	
Account Numbers License 632422	STK License B42RCLIC
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.	

FEDERAL TAX ID (FEIN) (Tax # call 1-800-829-4933)		STATE TAX ID NUMBER (Tax # call 651-282-5225)		LICENSE NUMBER		
LEGAL BUSINESS NAME OF CONTRACTOR (Corp, LLC, LLP)			FULL LEGAL NAME OF INDIVIDUAL PROPRIETOR OR PARTNERS			
DBA NAME (Doing business as name / assumed name – if applicable)			DBA NAME (Doing business as name / assumed name – Required)			
BUSINESS PHONE NUMBER (public)		OTHER TELEPHONE NUMBER		E-MAIL ADDRESS		
PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable)				CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (PO Box is acceptable - if applicable)				CITY	STATE	ZIP CODE
QUALIFYING PERSON REGISTRATION NUMBER		LEGAL LAST NAME (including suffix)		FIRST NAME		MI

**THIS RENEWAL FORM MUST BE SUBMITTED ALONG WITH ALL OF THE FOLLOWING REQUIRED DOCUMENTS**

- LICENSE FEE** – \$165.00 This fee includes a two year license fee of \$160.00, a continuing education fee of \$5.00. A \$80.00 late fee is due if the renewal is received by DLI after the expiration date.
- MN Secretary of State (SOS) Business Registration Verification** – Include a computer screen print of the **ACTIVE SOS Business Record Detail screen with your license renewal forms**. Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State. Please visit MN SOS <http://mbisportal.sos.state.mn.us/> to verify registration or call 651-296-2803 or 1-877-551-6767 for questions about your SOS business registration renewal or filing status
- \$15,000 Residential Roofer Contractor Bond** – A \$15,000 Residential Roofer Contractor Bond **MUST BE SUBMITTED** with the license renewal. The **EFFECTIVE DATE** must be April 1, 2016. All signatures must be notarized. The bond form **submitted MUST be an original with** the surety seal. **NO photocopies will be accepted.**
- 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. A missing or incomplete disclosure will cause the application to be deficient and delay processing.
- Qualifying Person Designation Form** – The Qualifying Person Designation Form **MUST BE COMPLETED AND SUBMITTED** with this renewal form.. Qualifying person registration information can be found by searching by an individual's first and last name at the DLI License Lookup feature: <https://secure.doli.state.mn.us/lookup/licensing.aspx>
- Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws **MUST BE COMPLETED AND SUBMITTED WITH THIS RENEWAL**. Pursuant to Minn. Stat. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at <http://www.dli.mn.gov/CCLD/FormsWC.asp>
- Certificate of Insurance (Liability)** – The Certificate of Insurance **MUST BE COMPLETED BY THE INSURANCE AGENT** and **SUBMITTED WITH THIS RENEWAL**. The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at <http://www.dli.mn.gov/CCLD/FormsCert.asp>

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



Mailing Address:  
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 St. Paul, MN 55164-0217

## Disclosure of Business Owners, Partners, Officers and Members

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

**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 have been issued a certificate of exemption, 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.

**LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)**

**DBA NAME** (Doing business as name / assumed name – if applicable)

<b>PHYSICAL BUSINESS ADDRESS</b> (PO Box not accepted)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>BUSINESS TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>		

**LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)**

LAST NAME (include suffix Jr., Sr., I, II etc.)	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 <b>If yes, you must provide a designated (Public) address.</b>				
DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
<b>APPLICANT SIGNATURE (mandatory)</b>	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	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 <b>If yes, you must provide a designated (Public) address.</b>				
DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
<b>APPLICANT SIGNATURE (mandatory)</b>	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	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 <b>If yes, you must provide a designated (Public) address.</b>				
DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
<b>APPLICANT SIGNATURE (mandatory)</b>	TITLE (owner, partner, officer, or member, etc...)			DATE

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



## Residential Roofer Surety Bond

Email: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Website: [www.dli.mn.gov/cclid](http://www.dli.mn.gov/cclid)  
Phone: (651) 284-5034

BOND NO.	AMOUNT	EFFECTIVE DATE
	<b>\$15,000.00</b>	

**PRINT IN INK or TYPE**

KNOW ALL PERSONS BY THESE PRESENTS:

THAT \_\_\_\_\_  
(Business name as registered with the Office of the Minnesota Secretary of State; or if individual proprietor, individual's name.)

\_\_\_\_\_  
(DBA or "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 hereby held and firmly bound to the state of Minnesota and any person injured or suffering financial loss by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules related to the Principal's license or any permit applied for and all contracts entered into, in the penal sum of FIFTEEN THOUSAND DOLLARS (\$15,000.00).

For payment of this sum, Principal and Surety bind themselves, their heirs, representatives, successors and assigns, jointly and firmly by these presents.

THE CONDITION of the above obligation is such that WHEREAS the said Principal is making application with the Minnesota Department of Labor and Industry to be licensed as, or has been licensed as, a residential roofer with specific privileges and responsibilities under Minnesota Statutes, section 326B, as amended, Minnesota Rules, chapter 2891, as amended, for all residential roofing work and contracts entered into within the state.

NOW THEREFORE, if said Principal shall faithfully and lawfully perform the duties, and in all things comply with the laws and rules, including all amendments thereto, pertaining to the license or permit applied for and all contracts entered into, then this obligation shall be void; otherwise to remain in full force and effect.

The aggregate liability of the Surety, regardless of the number of claims made against the bond, shall in no event exceed the amount set forth above for each two-year period the bond remains in force. The bond penalty shown above is cumulative over each two-year period the bond remains in force, the same as if a separate bond were issued every two years.

PROVIDED, it is the intention of the parties that this bond be continuous. This bond may be canceled by the Surety at any time upon giving the said Principal and the Minnesota Department of Labor and Industry 30 days' written notice, said notice to be served by certified mail, whereupon, except as to any liabilities or indebtedness incurred prior to the termination of this said 30 days' notice, the liability of the Surety under this bond shall cease. The Surety shall notify the Principal and the Minnesota Department of Labor and Industry within 15 days of any bond claim or payment which results in the penal sum of the bond falling below the legal requirement

By their signatures below, the parties certify that the wording of this surety bond is in compliance with Minnesota Statutes, sections 326B.86, subd. 1 and 326B.0921, as constituted on the effective date of this bond. This bond shall be effective as of the effective date provided by the Surety in the field provided on this form and shall be in effect until cancellation. Effectiveness of this bond is only a component of, and does not constitute required licensure by the State of Minnesota. Principal shall not conduct work or contract to conduct work requiring licensure until the State of Minnesota has issued the license for which Principal has applied.

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 reverse side and attach power of attorney form.**

\_\_\_\_\_  
NAME OF SURETY

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

\_\_\_\_\_  
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 Contractor**

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 \_\_\_\_\_

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



Mailing Address:  
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 St. Paul, MN 55164-0217

## Qualifying Person Designation Form

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

**License Type:**

- Residential Builder (BC)       Residential Roofer (RR)  
 Residential Remodeler (CR)       Manufactured Home Installer (MI)

**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/RBCContractorRemodApp.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.

**\*QUALIFYING PERSON REGISTRATION NUMBER** Search an individual's name on DLI website <https://secure.doli.state.mn.us/lookup/licensing.aspx>

<b>FULL LEGAL LAST NAME</b> (including suffix Jr., Sr., I, II, etc)		<b>FULL LEGAL FIRST NAME</b>		<b>MI</b>
<b>RESIDENTIAL ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PUBLIC MAILING ADDRESS</b> (if different from residential address)		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>SOCIAL SECURITY NUMBER</b>	<b>*QP REGISTRATION #</b>	<b>DAYTIME TELEPHONE</b>	<b>E-MAIL ADDRESS</b>	

**BUSINESS 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)

<b>BUSINESS ADDRESS</b> (PO Box must include street address)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>CONTRACTOR LICENSE NUMBER</b>	<b>BUSINESS TELEPHONE NUMBER</b>		

**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.

<b>LEGAL BUSINESS NAME</b> (licensed by Department of Labor and Industry)	<b>LICENSE NUMBER</b>
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**For an individual to act as the QP for more than one entity there must be at least 25% common ownership among the entities. On the line below, provide the name of the individual or entity that owns at least 25% of the business entities for which you will act as QP:**  
**PRINT NAME:** \_\_\_\_\_

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.

<b>SIGNATURE OF QUALIFYING PERSON</b> (mandatory)	<b>DATE</b>
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CC0512

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 Directions: <http://www.dli.mn.gov/Direct.asp>  
 Phone: (651) 284-5034

## 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.86, Subd. 2.

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.**

<b>LICENSE TYPE</b> Residential Contractor/Remodeler	<b>LICENSE NO</b> (if applicable)	<b>POLICY NUMBER</b> (pending is not acceptable)		
<b>INSURED</b> (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.)		<b>FROM</b> (mm/dd/yyyy)	<b>TO</b> (mm/dd/yyyy)	
<b>DBA NAME</b> (Doing business as name / assumed name – if applicable)		<input type="checkbox"/> <b>Check - Mandatory</b> Insurance policy meets the minimum statutory requirements.		
<b>STREET ADDRESS</b> (no PO Box)		<b>STATUTORY REQUIREMENT</b> Policy provides commercial general liability insurance, which includes 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 \$25,000 or a policy with a single limit for bodily injury and property damage of \$300,000 per occurrence and \$300,000 aggregate limits.		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
<b>MAILING ADDRESS</b> (if different from above – PO Box accepted)		<b>NAME OF INSURANCE COMPANY</b>	<b>NAIC ID</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
<b>INSURANCE AGENT'S NAME</b> (Print)		<b>INSURANCE AGENT'S LICENSE NO.</b>		
<b>Data Practices Notice</b> 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.		<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident		
		<b>NAME OF INSURANCE AGENCY/CO.</b>	<b>PHONE NUMBER</b>	
<b>Cancellation</b> 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.		<b>ADDRESS</b>		
		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
		<b>INSURANCE AGENT'S SIGNATURE</b>		<b>DATE</b>

<b>OFFICE USE ONLY</b> 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



CC0515

Mailing Address:  
 PO Box 64217  
 St. Paul, MN 55164-0217

## 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](mailto:dli.license@state.mn.us)  
 Web Site: [www.dli.mn.gov/ccld.asp](http://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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LEGAL 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
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 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.