



Mailing Address:
 P.O. Box 64220
 St. Paul, MN 55164-0220

Email: dli.license@state.mn.us
 Website: www.dli.mn.gov/cclld.asp
 Phone: (651) 284-5031

BUILDING OFFICIAL Individual Personal License

LICENSE FEE IS NONREFUNDABLE CASH IS NOT ACCEPTED BY MAIL OR WALK-IN	SPACE IN BOX FOR OFFICE USE ONLY																				
<p>Licenses may only be renewed 60 days prior to expiration date.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">New</th> <th style="text-align: center; border-bottom: 1px solid black;">Renewal</th> <th style="text-align: center; border-bottom: 1px solid black;">Late Renewal*</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Building Official Limited (LB)</td> <td style="text-align: center;">\$30.00</td> <td style="text-align: center;">\$35.00</td> <td style="text-align: center;">\$50.00</td> </tr> <tr> <td><input type="checkbox"/> Accessibility Specialist (AS)</td> <td style="text-align: center;">\$30.00</td> <td style="text-align: center;">\$35.00</td> <td style="text-align: center;">\$50.00</td> </tr> <tr> <td><input type="checkbox"/> Certified Building Official (BO)</td> <td style="text-align: center;">\$60.00</td> <td style="text-align: center;">\$65.00</td> <td style="text-align: center;">\$95.00</td> </tr> </tbody> </table> <p>* A late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3</p>		New	Renewal	Late Renewal*	<input type="checkbox"/> Building Official Limited (LB)	\$30.00	\$35.00	\$50.00	<input type="checkbox"/> Accessibility Specialist (AS)	\$30.00	\$35.00	\$50.00	<input type="checkbox"/> Certified Building Official (BO)	\$60.00	\$65.00	\$95.00	<p>Account Number 632404</p> <p>Check Number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">PCK</td> <td style="border: 1px solid black; width: 33%; text-align: center;">CCK</td> <td style="border: 1px solid black; width: 33%; text-align: center;">MO</td> </tr> </table>	PCK	CCK	MO	<p>STK B42BOCERT</p> <p>Amount Paid</p> <p>DLI Deposit Date</p>
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<p>PRINT clearly IN INK OR TYPE MAKE A COPY OF THIS FORM FOR YOUR RECORDS</p>	<p>LICENSE NUMBER:</p>																				

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 registration requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security, 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 registered, 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.

Your renewal can be processed today if you do it online at <https://secure.doli.state.mn.us/license/intro.aspx>

SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	AREA CODE & PHONE NUMBER	E-MAIL ADDRESS
LEGAL LAST NAME	SUFFIX (JR, SR, II, III)	LEGAL FIRST NAME	LEGAL MIDDLE NAME
RESIDENTIAL ADDRESS		PUBLIC MAILING ADDRESS (if different from residential address)	
CITY NAME	STATE	ZIP CODE	CITY NAME STATE ZIP CODE
Is the Residential Address above a non-designated (private) address? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes , then you must provide a designated (public) Mailing Address above.	
APPLICANT SIGNATURE		DATE SIGNED (MM/DD/YYYY)	

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