

## CONTINUING EDUCATION INDIVIDUAL COURSE APPROVAL APPLICATION

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

**MAKE CHECK OR MONEY ORDER PAYABLE TO:  
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY  
 COURSE FEES ARE NONREFUNDABLE**

**Print in INK or TYPE  
 Make a copy of this application for your records**

<b>Fee is \$20.00 per course</b>	
Total Fee = (# x 20)	\$ _____
<b>SPACE IN BOX FOR OFFICE USE ONLY</b>	
Account # <b>632423</b>	STK <b>B42COURSE</b>

Please check the appropriate box(s) below to identify the regulated industry for which you are requesting approval:

- Building Official
- Electrical
- Elevator
- Plumbing
- Manufactured Home Installer
- Residential Building Contractor, and Roofer
- Water-Conditioning Contractor

<b>Check Number</b>	<b>Amount Paid</b>
<input type="checkbox"/> <b>PCK</b> <input type="checkbox"/> <b>CCK</b> <input type="checkbox"/> <b>MO</b>	<b>DLI Deposit Date</b>
<b>NOTICE:</b> 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.	

LAST NAME	FIRST NAME	E-MAIL ADDRESS
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RESIDENTIAL STREET ADDRESS	CITY	STATE	ZIP CODE
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YOUR LICENSE/CERTIFICATION #	DAYTIME PHONE #
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SPONSOR NAME	SPONSOR BUSINESS PHONE AND EMAIL ADDRESS
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SPONSOR ADDRESS	CITY	STATE	ZIP CODE
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COURSE TITLE (as shown on your certificate of completion or attendance)

COURSE LOCATION	CITY	STATE	ZIP CODE
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DATE COURSE ATTENDED (MM/DD/YYYY)	INSTRUCTOR NAME
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Number of continuing education credited hours requested for this course:

**CERTIFICATION**

- I certify I attended the above named course on the date specified for the number of hours for which I have requested approval of continuing education credit.
- I certify all of the information submitted in this application is true, accurate and complete.
- I understand the department, under M.S. § 326B.082, may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application.

SIGNATURE OF LICENSEE (mandatory)	DATE
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