

E-mail: DLI.License@state.mn.us
Website: 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.

RESPONSIBLE LICENSED INDIVIDUAL (Satellite System Installer)

FULL LEGAL LAST NAME		FULL LEGAL FIRST NAME	MI	SUFFIX (Sr., Jr., I, II, III)
RESIDENTIAL ADDRESS		CITY	STATE	ZIP
PUBLIC MAILING ADDRESS (if different from residential address)		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	Satellite System Installer #	DAYTIME TELEPHONE	E-MAIL ADDRESS	

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
---	-------------

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