

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

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

Email: dli.license@state.mn.us

Website: dli.mn.gov

Phone: (651) 284-5034

Directions: <http://www.dli.mn.gov/about-department/about-dli/office-locations-and-phone-numbers>

Pipe Layer Contractor Registration

BUSINESS APPLICATION INSTRUCTIONS

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 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: Must be the physical address of the business, if different from the main address. This address is the primary physical address for work performed in Minnesota by the holder of the license, certificate, or registration. A PO Box is not acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

Mailing Address: Must be the mailing address for the business entity being licensed, certified, or registered, if different from the main address. This address is the primary mailing address for the holder of the license, certificate, or registration. A PO Box is acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

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 license application, carefully read and follow the Application Requirements included with this application packet.

Pipe Laying Contractors Registration Checklist

Fill out application form in its entirety

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

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

Incomplete or inaccurate applications will delay processing.

ALL documentation and fees are required and must be complete and accurate before a registration will be issued.

- Pipe Layer Contractor Registration Fees**

Initial Application (NEW)	\$108.00
Renewal Application (not expired)	\$108.00
Renewal Application (expired includes late fee)	\$158.00

You may upload your license application and pay by credit card, online at the DLI website <https://secure.doli.state.mn.us/license/intro.aspx> or mail your application to DLI, and pay by check or money order payable to the **Department of Labor & Industry**. NOTE: Depositing of a fee does not constitute the granting of a license, certificate, or registration. **CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

Make check or money order payable to the **Department of Labor & Industry**

- Minnesota Secretary of State (SOS) Registration / Assumed Name Verification**

Verification may be available by completing an entity search on line at: www.sos.state.mn.us or you may contact the MN Secretary of State to request verification at 651-296-2803. If your business entity and assumed name, if applicable, must be registered, then the status of your registration(s) must be ACTIVE. **(NOTE: No SOS registration is necessary for an individual proprietorship/partnership operating under their full legal name(s))** Missing or incomplete verifications will cause the application to be deficient and delay processing.
- Pipe Laying Contractors Registration Form**

The application form must be complete and signed. All information requested on the application form must be provided and complete. Incomplete applications will be deficient and delay processing. <http://www.dli.mn.gov/business/get-licenses-and-permits/forms-licensing-insurance-bonds-certificates>
- 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.
- Pipe Laying Surety Bond**

Must be the original bond form issued, signed, sealed and notarized by the Surety Company and must also be accompanied by the Power of Attorney Form. A missing, incomplete or inaccurate bond will cause the application to be deficient and delay processing. <http://www.dli.mn.gov/business/get-licenses-and-permits/surety-bonds>
- Certificate of Liability Insurance**

Obtain from your insurance agent a certificate of liability insurance that provides evidence that your business has general liability insurance coverage meeting the minimum statutory requirements. Acceptable forms are the ACORD 25 (2010/05) Certificate of Liability Insurance or a DLI form that can be found online at <http://www.dli.mn.gov/business/get-licenses-and-permits/forms-licensing-insurance-bonds-certificates>. The certificate must show the legal business entity as the insured. If using an assumed name, the certificate must show the insured as the legal business entity's name dba the assumed name. A missing, incomplete or inaccurate certificate of liability insurance will cause the application to be deficient and delay processing.
- Workers' Compensation Certification of Compliance Form**

All applicants must provide evidence of compliance with Minnesota's workers' compensation insurance requirement. You may provide a certificate of insurance showing your business is covered by workers' compensation insurance. Or, you may complete and submit the department's Certificate of Compliance with Minnesota's Workers' Compensation Laws, which is available online at <http://www.dli.mn.gov/business/get-licenses-and-permits/work-comp-compliance> Applicants claiming exemption from workers' compensation insurance coverage must complete the certificate of compliance form in its entirety and sign the form. A missing, incomplete or inaccurate certificate will cause the application to be deficient and delay processing.
- Contact Person (Certified Pipe layer)**

All applicants are required to identify a contact person. A copy of the certificate or card issued to that person by the pipe laying training sponsor documenting evidence of training is required to be submitted along with the bond registration.

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



CC0195

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

Email: dli.license@state.mn.us
 Web Site: www.dli.mn.gov
 Phone: (651) 284-5034

**Pipe Laying Contractor
 BUSINESS LICENSE APPLICATION**

New Renewal Business Entity Change or
 Structure Change

- Initial Pipe Laying Contractors Application (NEW) \$108.00
- Renewal Pipe Laying Contractor Application (not expired) \$108.00
- Renewal Pipe Laying Contractor Application \$158.00
 (expired includes late fee)

**Depositing of fee does not constitute granting of the certificate applied for.
 APPLICATION FEES ARE NONREFUNDABLE**

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

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

SPACE IN BOX FOR OFFICE USE ONLY	
Account Numbers 632441	STK B42PLUMLIC
<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.	
APPLICATION NUMBER:	

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 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 have been issued a certificate of exemption, 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

1. MINNESOTA SECRETARY OF STATE (SOS) REGISTRATION: Is your business name(s) registered with SOS? YES NO
 IF "NO" please visit MN Secretary of State (SOS) – <http://mbportal.sos.state.mn.us/> to verify registration or call 651-296-2803 or 1-877-551-6767 for questions about your SOS business registration filing status. 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.

2. BUSINESS TYPE: (check only one) Specify the state business is organized in: _____
 Individual Proprietor (IP) Corporation (CORP) Limited Liability Company (LLC)
 Partnership (PT) Foreign Corporation Foreign Limited Liability Company
 Limited Liability Partnership (LLP) Other (specify) _____

3. FEDERAL TAX ID NUMBER (FEIN) Tax # call: 1-800-829-4933	MINNESOTA TAX ID NUMBER Tax # call: 651-282-5225	LICENSE # (if applicable)
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If the applicant is an individual proprietor (sole proprietor) or a one-member limited liability company they must provide a Social Security Number. SOCIAL SECURITY NUMBER _____

4. LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP)	FULL LEGAL NAME OF INDIVIDUAL PROPRIETOR (IP) OR PARTNERS (PT)
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DBA NAME (Doing business as name / assumed name – if applicable)	DBA NAME (Doing business as name / assumed name – Required)
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5. PHYSICAL BUSINESS STREET ADDRESS (PO Box is not acceptable)	CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (PO Box is acceptable - if applicable)	CITY	STATE	ZIP CODE

BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS
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6. ALL OUT OF STATE BUSINESSES, except states that are contiguous (i.e. Iowa, Wisconsin, South Dakota and North Dakota) with Minnesota, must provide the name and address of a registered agent in this state authorized to receive service of process and by signing this application hereby give consent to service of process as required by M.S. § 326B.855

MINNESOTA REGISTERED AGENT NAME

REGISTERED AGENT'S MINNESOTA ADDRESS	CITY	STATE	ZIP CODE
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BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS
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7. DO YOU HAVE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, UNEMPLOYMENT INSURANCE NUMBER (Unemployment # call: 651-296-6141)
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8. Contact Person Information *Search an individual's name on DLI website <https://secure.doli.state.mn.us/lookup/licensing.aspx>
 Each contractor must designate a contact person that has completed pipe laying training per M.S. § 326B.46. The contact person must provide a copy of a certificate or card issued by the pipe laying training sponsor that provides evidence of completion of training. An expired certificate or card shall not be accepted as evidence of completed training.

Full Legal Last Name	Full Legal First Name	MI	Suffix (Jr, Sr, I, II)
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Residential Address	City State Zip Code	Telephone Number
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Pipe Layer Registration Number	Pipe laying Training Sponsor	Expiration Date
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Social Security Number (SSN)	Date of Birth (DOB)	Email Address
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This is to certify that the contractor making this application is in compliance with the provisions of Minn. Stat. § 326B.41 to 326B.49, and all rules adopted under these sections, as well as all orders issued under Minn. Stat. § 326B.082, including:

- a) Exemption from licensure by performing building sewer or water service installation work and having completed pipe laying training or employing an individual that has completed pipe laying training as prescribed by the commissioner;
- b) Exemption from licensure as a plumbing contractor or restricted plumbing contractor in accordance with M.S. § 326B.46;
- c) Immediate notification to the department in writing of any change of address, telephone number, change of business structure, change of responsible individual, employment of others, or other information required on my application;
- d) I understand and accept that the Department of Labor and Industry pursuant to under M.S. § 326B.082 may revoke, suspend or limit this bond registration if I knowingly and willfully made a false statement in this application;

I hereby declare that all statements provided herein are true and complete, with the same force and effect as though given under oath.

One of the officers listed on the attached **Disclosure of Business Owners, Partners, Officers and Members Form** must sign below as the applicant. If the business type is a partnership then all partners must sign.

PRINT APPLICANT NAME	APPLICANT SIGNATURE	TITLE	DATE
PRINT APPLICANT NAME	APPLICANT SIGNATURE	TITLE	DATE

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



CC0522

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

Disclosure of Business Owners, Partners, Officers and Members

Email: dli.license@state.mn.us
 Website: dli.mn.gov
 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)	LICENSE NUMBER
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DBA NAME (Doing business as name / assumed name – if applicable)

PHYSICAL BUSINESS ADDRESS (PO Box not accepted)	CITY	STATE	ZIP CODE
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BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS
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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 NUMBER	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address? Yes No If **yes**, you must provide a designated (Public) address.

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address? Yes No If **yes**, you must provide a designated (Public) address.

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address? Yes No If **yes**, you must provide a designated (Public) address.

DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc...)			DATE



CC0516

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

Pipe Laying SuretyBond

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

BOND NO.	AMOUNT \$25,000.00	EFFECTIVE DATE
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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 jointly and severally held and firmly bound to the state of Minnesota, as obligee, in the sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor and Industry and shall be in lieu of all other license bonds to any other political subdivision.

WHEREAS the said Principal performs building sewer or water service installation; and WHEREAS the said Principal is required by Minnesota Statutes, sections 326B.46, subd. 2 to give a corporate surety bond to the State of Minnesota in the amount of at least Twenty-Five Thousand Dollars (\$25,000.00) for all plumbing work entered into within the state; and WHEREAS the corporate surety bond shall be for the benefit of the State of Minnesota and all persons injured or suffering financial loss by reason of the Principal's failure to comply with the requirements of the Minnesota State Plumbing Code, Minnesota Rules, chapter 4714, as amended, or the requirements of Minnesota Statutes, sections 115.55 and 115.56, as amended, and Minnesota Rules, chapters 7080-7083, as amended, and with all contracts entered into.

NOW THEREFORE, the condition of this obligation is that, if the Principal shall faithfully and lawfully perform all duties, and in all things comply with all laws, rules, and ordinances, including all amendments thereto, pertaining to the plumbing license or registration or subsurface sewage treatment system license, and with all contracts entered into, then no obligation under this bond shall accrue. If the Principal shall violate the Minnesota State Plumbing Code, Minnesota Rules, chapter 4714, as amended, or any contracts entered into, any person damaged as a result of such violation shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for loss sustained by the injured party.

This bond shall be effective as of the effective date provided by the Surety in the field provided on this form and shall expire on **January 1, 2024**. Effectiveness of this bond does not constitute required licensure by the State of Minnesota. Principal shall not conduct work requiring licensure until the State of Minnesota has issued a license for which Principal has applied. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. The aggregate liability of the surety hereunder pertains to all claims arising during the period as defined above and shall in no event exceed the total sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00)**.

This bond obligation may be canceled at any time by giving thirty days written notice of such intent to cancel by Certified Mail--Return Receipt Requested, to the Principal and to the Minnesota Department of Labor and Industry, **443 Lafayette Road N, St. Paul, MN 55155**. Upon cancellation of this bond, the Surety's liability under this bond shall cease, except as to any liabilities or indebtedness incurred prior to the effective date of cancellation. The Surety shall notify the Principal and the Minnesota Department of Labor and Industry if it has made any payments on the bond which result in the value of the bond falling below the minimum amount required by law.

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 North
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 _____



CC0512

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

Email: dli.license@state.mn.us
 Website: dli.mn.gov
 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.46, 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.

LICENSE TYPE	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
Plumbing / Pipe Layer			
INSURED (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.)		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
		<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
DBA ("doing business as" or also known as an assumed name) (if applicable)		STATUTORY REQUIREMENT	
		Policy provides public liability insurance (including product liability insurance) with limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000.	
STREET ADDRESS (no PO Box)		This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.	
CITY	STATE ZIP CODE		
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	NAIC ID
CITY	STATE ZIP CODE	INSURANCE AGENT'S NAME (Print)	
Data Practices Notice 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.		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
		ADDRESS	
Cancellation 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.		CITY	STATE ZIP CODE
		INSURANCE AGENT'S SIGNATURE	DATE

OFFICE USE ONLY Date of DLI Receipt <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Certificate Holder

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



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

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.