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## Residential Contractor Examination Application

**PAID APPLICATION FEE IS NONREFUNDABLE  
 CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

**Application Fee = \$50.00**

<p><b>SELECT THE EXAM YOU ARE APPLYING FOR:</b></p> <p><input type="checkbox"/> Residential Building Contractor</p> <p><input type="checkbox"/> Residential Remodeler</p> <p><input type="checkbox"/> Residential Roofer</p> <p><input type="checkbox"/> Manufactured Home Installer</p> <p>Is this a license exam retest?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p style="text-align: center;"><b>SPACE IN BOX FOR OFFICE USE ONLY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Account Number</td> <td style="width:20%;"><b>632422</b></td> <td style="width:10%;">STK</td> <td style="width:10%;"><b>B42RCLIC</b></td> </tr> <tr> <td>Check Number</td> <td></td> <td>Amount Paid</td> <td></td> </tr> <tr> <td style="text-align: center;">PCK</td> <td style="text-align: center;">CCK</td> <td style="text-align: center;">MO</td> <td>DLI Deposit Date</td> </tr> </table> <p><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.</p>	Account Number	<b>632422</b>	STK	<b>B42RCLIC</b>	Check Number		Amount Paid		PCK	CCK	MO	DLI Deposit Date
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<p><b>PRINT clearly IN INK OR TYPE</b>  <b>MAKE A COPY OF THIS FORM FOR YOUR RECORDS</b></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.

**Avoid processing delays by submitting your application 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?    Yes    No      If **yes**, then you must provide a designated (Public) mailing address.

APPLICANT SIGNATURE	DATE SIGNED (MM/DD/YYYY)
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This material can be made available in different forms, such as large print, braille or on an audio.