



CC0509

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CONTINUING EDUCATION INDIVIDUAL COURSE APPROVAL APPLICATION

**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

Fee is \$20.00 per course			
Total Number of COURSES	_____	Total Fee = (# x 20)	\$ _____
SPACE IN BOX FOR OFFICE USE ONLY			
Account # 632423	STK B42COURSE		

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

Check Number	Amount Paid
<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.	

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 credits requested for this course:	Electrical Code Hrs	Related Electrical Hrs	Elevator Code Hrs	Building Official Hrs
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If applicable, did this course offer training in the implementation of energy codes or energy conservation measure applicable to residential buildings <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list number of hours.	Energy Code Hours	Manufactured Home Installer	
		Laws/Code Hours	Installation Hours

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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