

Minnesota Department of Labor and Industry  
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## Boiler License Change of Address Form

PRINT IN INK or TYPE

**Make a copy of completed form for your records**

**This form can be emailed to [dli.license@state.mn.us](mailto:dli.license@state.mn.us) or mailed to address above**

The date of birth and last 4 digits of your Social Security Number are requested as verification of your identity to ensure only the licensee is updating their license information. All information provided on this form, except Social Security Number, is considered public pursuant to Minnesota Statutes, Chapter 13.

**License Information** – Must provide to change an address and/or renew license, registration, or certification

LICENSE TYPE	LICENSE/REGISTRATION/CERTIFICATE #	EXPIRATION DATE	
DATE OF BIRTH	SOCIAL SECURITY NUMBER (last 4 digits)	PHONE NUMBER	
LAST NAME	FIRST NAME	MIDDLE INITIAL	

### Current Address Information

STREET ADDRESS (PO Box must include street address)

CITY STATE ZIP CODE

**Former Address Information** – Must provide past address information before address may be changed

FORMER ADDRESS (PO Box must include street address)

CITY STATE ZIP CODE

**Certification:** I certify that I hold this license, registration, or certificate and that the information provided on this form is correct and accurate.

SIGNATURE ( <u>mandatory</u> )	DATE SIGNED
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