

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

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

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

SELECT THE LICENSE YOU ARE APPLYING FOR:

Class A Master (AM) **Class A Journeyman (AJ)**

Applicant will not qualify if an examination for the same or greater class license was failed in Minnesota; or license was revoked or suspended.

Applicant will not qualify if expired Minnesota electrical license was not renewed within two years of the license's expiration date.

**Have you obtained a
 Minnesota electrical license
 through reciprocity before?** Yes No **MN LICENSE #**

**PRINT IN INK OR TYPE
 MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS**

RECIPROCITY REQUIREMENTS	RECIPROCATING STATE	NAME OF LICENSE HELD IN RECIPROCATING STATE	
	<input type="checkbox"/> Alaska (AJ only) <input type="checkbox"/> Arkansas (AJ only) <input type="checkbox"/> Colorado (AJ only) <input type="checkbox"/> Iowa (AM, AJ) <input type="checkbox"/> Montana (AJ only) <input type="checkbox"/> Nebraska (AM, AJ) <input type="checkbox"/> North Dakota (AM, AJ) <input type="checkbox"/> South Dakota (AM, AJ) <input type="checkbox"/> Wyoming (AJ only)		
		LICENSE NUMBER	
		DATE INITIALLY ISSUED	CURRENT EXPIRATION DATE

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.

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)
----------------------------	---------------------------------

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