

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Construction  
 Contractor Registration  
 443 Lafayette Road North  
 St. Paul, MN 55155



Email: dli.register@state.mn.us  
 Phone: (651) 284-5074

## Registration Address/Name Change Form

**This form can be emailed to  
dli.register@state.mn.us**

**YOU MAY BE REQUIRED TO SUBMIT ADDITIONAL DOCUMENTATION TO OUR OFFICE TO COMPLETE THE BUSINESS ADDRESS CHANGE PROCESS.**

PRINT IN INK or TYPE STRUCTURE TYPE- BUSINESS ENTITY/SOLE PROP OR INDIVIDUAL  REGISTRATION NUMBER (mandatory)	CHECK LIST <input type="checkbox"/> Business/Contractor Address Change Form <input type="checkbox"/> Certificate of Liability Insurance, if applicable <input type="checkbox"/> Certificate of Compliance Minnesota Workers' Comp <input type="checkbox"/> Law Secretary of State, if applicable
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CONTACT PERSON	CONTACT PHONE NUMBER	CONTACT E-MAIL
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OLD BUSINESS NAME/ADDRESS CHANGE INFORMATION	NEW BUSINESS NAME/ADDRESS CHANGE INFORMATION
LEGAL NAME (as licensed, registered, certified)	LEGAL NAME (as licensed, registered, certified)
ASSUMED NAME (doing business as)	ASSUMED NAME (doing business as)
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN - TAX ID)	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN - TAX ID)
MINNESOTA IDENTIFICATION NUMBER (if applicable)	MINNESOTA IDENTIFICATION NUMBER (if applicable)
BUSINESS STREET ADDRESS	BUSINESS STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
MAILING ADDRESS (if different from above)	MAILING ADDRESS (if different from above)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PHONE NUMBER OTHER NUMBER	PHONE NUMBER OTHER NUMBER

**Certification:** I certify that I hold this license, registration, or certificate and that the information provided on this form is correct and accurate. I also understand that all information provided on this form may become publicly available data pursuant to Minnesota's Data Practices Act (Chapter 13) when the license, registration, or certificate is updated.

PRINT NAME (owner, partner, member, officer)	TITLE
SIGNATURE (owner, partner, member, officer)	DATE SIGNED