

## Certificate of Exemption Checklist

Incomplete or inaccurate application forms will delay registration.

**Except for the Certificate of Good Standing and/or Certificate of Assumed Name, all forms and documents must include original signatures. Photocopies are not acceptable.**

- Secretary of State (SOS) – A copy of current SOS registration and/or Certificate of Assumed Name issued by the Office of the Secretary of State (SOS) (not required for an individual (sole proprietor) or partnership when the individual's and all partners' own true full names are used in the company name). SOS may be contacted at [www.sos.state.mn.us](http://www.sos.state.mn.us) or (651) 296-2803.
- Certificate of Exemption Application Form**, completed and signed by one of the officers listed on the Disclosure of Business Owners, Partnership, Officers and Members form. If a partnership then all partners must sign this application.
- Disclosure of Business Owners, Partners, Officers and Members** list all shareholders owning more than 10 percent of the outstanding stock in the company.
- BACKGROUND DISCLOSURE FORM** - All applicants, Owners, Officers, Partners, or Members must answer questions 1 through 9. Attached a written, detailed explanation for any questions answered "YES" on the background disclosure form.
- BCA FORM** Bureau of Criminal Apprehension Criminal Background Check
- Certification of Compliance Minnesota Workers' Compensation Law Form**: Please complete even if you have no employees.

**Please mail in your forms to the address listed above.**

## Instructions for Completing the Certificate of Exemption Application

**Fill out the application form completely  
Incomplete or inaccurate application forms will delay processing.**

The box numbers on the application correspond with the numbered items in the following instructions.

1. You must register ALL business names along with the Assumed Name (dba) for your company. Please Contact Office of the Secretary of State, Minnesota State Retirement Building, 60 Empire Drive, St. Paul, MN 55103, (651) 296-2803 [www.sos.state.mn.us](http://www.sos.state.mn.us). Licenses are not processed until your business name is registered with SOS.
2. Business type (check only one). If your business type is not listed, check "other" and write in business type (must be a recognized business type and registered with Minnesota Secretary of State (SOS) Office).
3. Business Telephone Number
4. Fax Number of person signing the application form.
5. E-mail address of person signing the application form.
6. Legal Business Name of Contractor. Except for an individual (sole proprietor) or a partnership making application using the individual's or all partners' own full true name(s) as the contractor name, the name identified on the Certificate of Assumed Name or Certificate of Authority issued by the Office of the Secretary of State shall be used on all forms used to apply for any contractor license issued by the Department. **Examples of business names:**

**An individual without an assumed name** - John Doe or John Doe Contracting

An individual using their full true name as in the example above are not required to register with the Secretary of State

**An individual with an assumed name** - John Doe dba Assumed Name

**A partnership with an assumed name** - John Doe and James Doe dba Assumed Name

**A corporation** - Company Name Inc.

**A corporation with an assumed name** – Company Name Inc. dba Assumed Name

**A limited liability company** - Company Name, LLC or LLP

Additional business, tax, and employment information can be found in a *Guide to Starting a Business in Minnesota* at [www.deed.state.mn.us/bizdev/start.html](http://www.deed.state.mn.us/bizdev/start.html). A copy is available without charge from the Minnesota Department of Employment and Economic Development, Small Business Assistance Office. Telephone (651)-296-3871 or 1-800-310-8323.

7. Doing Business As (DBA) – This part is only completed if you are an individual proprietor or a corporation using an assumed name. This is the name that would go on your license.
8. Business Address. PO Box numbers are not acceptable.
9. Mailing Address (if different from above). A PO Box address may be used.
10. If the residential building contractor or residential remodeler contracting business is conducted at locations other than the address shown under 2 or 3, list those addresses and phone numbers below. All out-of-state businesses, except those in states contiguous with Minnesota (North Dakota, South Dakota, Iowa and Wisconsin) must provide their Minnesota place of business (registered office or registered agent) and telephone number.
11. Except for individual (sole proprietor) or one-member limited liability companies without employees or taxable sales, all companies must furnish their business Federal Employer Identification Number and Minnesota Identification Number. Tax numbers are available from the state or federal revenue agencies. Their telephone numbers are:

Minnesota Identification Number	(651) 282-5225
Federal Employer Identification Number	1-800-829-4933
Economic Security (Unemployment Insurance)	(651) 296-6141
Labor and Industry (Workers' Comp Inc.)	(651) 284-5005 Or 1-800-342-5354
Revenue (if making retail sales in MN)	(651) 296-6181 – Corporate and Sales Tax Division

12. Does the company have employees? All officers of corporations are employees under the Workers' Compensation Law except for closely held corporations meeting the requirements of M.S. § 176.012 Please complete the enclosed **Workers' Compensation Insurance Form and submit it with the contractor license application forms.** Workers' Compensation insurance policy number can not be in pending status. The State Unemployment Insurance Account Number is generally not issued until the first payroll report is filed with Economic Security.

13. Qualifying Person Information: The name, social security number, license number, expiration date, address, and telephone number of the qualified person to perform roofing work. There must be one and only one person listed in box 14.

Note: Minnesota Statutes section 270C.72, Tax Clearance; Issuance of Licenses requires Minnesota contractors license applicants to provide their Minnesota ID and the social security numbers of all individual owners, partners, officers and members of the business entity. If new qualified person, attach original exam score reports for both the MN Business and Law exam and the MN Trade exam.

Note: Examination results expire after two years. If applicant was a qualifying person previously, please complete the education (CE) information for located on our website at [www.doli.state.mn.us/license](http://www.doli.state.mn.us/license).

14. Sign and date Electrical/ application form. This application must be signed by one of the listed on the attached Disclosure of Business Owners, Partners, Officers and Members form. Note: If the company is a partnership or a limited liability partnership, all partners and members must sign the application.

## Certificate of Exemption Application Minnesota Statutes § 326.84, subd. 3(5)

**For the period April 1, 2010 through March 31, 2011**

**Make a copy of this application for your records**

**PRINT IN INK or TYPE.** Unreadable or illegible applications will be denied.

The information you provide on this application will be used to determine if you meet the license requirements. Before a license is issued to you, M.S. § 270C.72, subd 4, requires you to provide your social security number. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under M.S. § 13.41, the information that you provide on this application, except for your name, and address is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Once you are licensed, the information becomes public data (except for social security numbers) and will be part of the agency's permanent records.

**You may be required to show your exemption card to obtain a municipal building permit.**

- New Certificate of Exemption**
- Renewal of Certificate of Exemption**
- Business Structure Change**

**If you have a change in your business structure sometime during the year (i.e. from an individual proprietor to a corporation) then you must complete a new application and submit to our office.**

**NO LICENSE FEE REQUIRED FOR CERTIFICATE OF EXEMPTION IF UNDER \$15,000 IN GROSS RECEIPTS**

**Please check one of types of exemptions listed:**

- Residential Building Contractor
- Remodeler Contractor
- Roofer Contractor

Contractor Registration Number: \_\_\_\_\_

If you are over \$15,000 in Gross Receipts, you must complete the application on our webpage at [www.dli.mn.gov](http://www.dli.mn.gov)

1. **MINNESOTA SECRETARY OF STATE (SOS) REGISTRATION:** Is your business name(s) registered with SOS?  Yes  No. Except when an individual or partnership is doing business under their own true full legal first and last name(s). All businesses and assumed names (dba) must be registered with the Office of the Secretary of State, Minnesota State Retirement Building, 60 Empire Drive, St. Paul, MN 55103, (651) 296-2803, [www.sos.state.mn.us](http://www.sos.state.mn.us). Licenses are not processed until your business name is registered with SOS. Attach a copy of ALL current year's filing with SOS. (Note: You must register your business name yearly with SOS, however, an assumed name must be renewed every 10 years. Please contact SOS for further information.)

2. **BUSINESS TYPE (check only one)**

<input type="checkbox"/> Individual (sole proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other _____ State business is organized in: _____
---	---

3. BUSINESS TELEPHONE NUMBER	4. FAX TELEPHONE NUMBER	5. E-MAIL ADDRESS
------------------------------	-------------------------	-------------------

6. **LEGAL BUSINESS NAME OF CONTRACTOR** Individual name only if no company name used - See instructions

7. **DBA (doing business as name) (if applicable)**

8. BUSINESS ADDRESS	CITY	STATE	ZIP CODE	COUNTY
9. MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE	COUNTY

10. If residential building contractor, residential remodeler or residential roofer contracting business is conducted at locations other than the address shown under #8 or #9, list address and phone number below. Out of state businesses, except states contiguous with Minnesota, must provide their Minnesota place of business and telephone number.

STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
----------------	------	-------	----------	--------------

<b>THE SECOND PAGE MUST BE COMPLETED</b>									
<b>FOR OFFICE USE ONLY</b>	SOS	APPLICATION	OFFICER	BCA	11 QUESTIONS	WC INS	REGISTRATION #	EFFECTIVE DATE	APPROVED BY

11. The following information must be provided unless the applicant is an individual (sole proprietor) or one-member limited liability company and does not have employees or taxable sales: (See the application instructions if the company is from outside of Minnesota and is not required to withhold Minnesota income taxes.)

FEDERAL EMPLOYER TAX NO (FEIN) (if applicable)	MINNESOTA TAX NO (MN ID) (if applicable)
--	--

12. Do you have employees?  Yes  No. You must also complete the workers compensation insurance form located on our website at [www.doli.state.mn.us/license](http://www.doli.state.mn.us/license)

WORKERS' COMP INS POLICY #	INSURANCE COMPANY NAME	STATE UNEMPLOYMENT INS ACCT #
----------------------------	------------------------	-------------------------------

13. Qualifying Person: This is to certify that I am or have in my employ a responsible person who will be actively responsible for the performance of all residential building contracting, residential remodeling, residential roofing of all such work, in accordance with the requirements of M.S. § 326B.805.

LAST NAME	FIRST NAME	MI	TITLE	DATE OF BIRTH	SOCIAL SECURITY NO.
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.	

15. This is to certify that the company making this application must be completed by any residential building contractor, residential remodeler or residential roofer who claims an exemption from licensure pursuant to Minnesota Statutes §326B.805, subd. 6(5), because they do not expect to exceed \$15,000 in gross annual receipts derived from their contracting, remodeling or roofer activities during this calendar year.

I the above named applicant, hereby certify that I am owner, partner or corporate officer of the above named company and that I do not expect the company to exceed \$15,000 in gross annual receipts derived from residential building contracting, residential remodeler or residential roofer activities during this calendar year. Therefore, it is my belief that the company qualifies for an exemption from licensure.

I understand that the "gross annual receipts" are defined as the total amount derived by the company from residential building contractor, residential remodeler or residential roofer activities, regardless of where the activities are performed, and may not be reduced by cost of goods sold, expenses, losses or any other amount.

I understand that I must renew the Certificate of Exemption each year and that this certificate expires March 31 of each year.

I understand that if I exceed \$15,000 in gross receipts, regardless of where the activities are performed, during any calendar year, that I must immediately surrender the Certificate of Exemption and apply for the appropriate license.

I understand that if I am exempt from the licensure requirements, I may be required by a municipality to obtain a local license prior to becoming eligible to obtain a building permit.

I understand that a Certificate of Exemption is NOT a license and that I am prohibited from advertising as a licensed contractor unless I or my company holds a municipal license.

I understand that I am required and may be requested to provide the Department of Labor and Industry with additional information to verify qualification for this exemption.

I hereby declare that any statements herein are true and complete, with the same force and effect as though given under oath.

One of the officers listed on the attached disclosure of business owners, partnership, officers and members form, if partnership then all partners must sign below:

APPLICANT SIGNATURE (Owner, Partner, Member, President, Vice President)	TITLE	DATE OF APPLICATION
PARTNERSHIP SIGNATURE	TITLE	DATE OF APPLICATION
PARTNERSHIP SIGNATURE	TITLE	DATE OF APPLICATION

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services  
 443 Lafayette Road North  
 St. Paul, MN 55155  
 Phone: (651) 284-5034  
 Fax: (651) 284-5743  
 E-mail: DLI.License@state.mn.us  
 www.dli.mn.gov

## Disclosure of Business Owners, Partners, Officers and Members

**PRINT IN INK or TYPE**

**This form must be completed for all business types.**

Minnesota Statutes § 270C.72, Tax Clearance; Issuance of Licenses, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Identification Number and the social security numbers of all individual owners, partners, officers, and members of the business entity. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's social security number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application.

If the business is an individual, partnership, corporation, foreign corporation or a limited liability company, the names, addresses, social security numbers, and signatures of all additional owners, partners, officers, or members, owning 10 percent or more of the company, must be completed on this form. Please copy this form if you need additional space.

LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE	COUNTY
------------------	------	-------	----------	--------

**LIST ALL Owners, Officers, Partners, or Members**

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)
-----------	------------	-------------	--------------------------------

RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
---------------------	------	-------	----------	---------------

APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
---------------------	---	------

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)
-----------	------------	-------------	--------------------------------

RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
---------------------	------	-------	----------	---------------

APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
---------------------	---	------

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)
-----------	------------	-------------	--------------------------------

RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
---------------------	------	-------	----------	---------------

APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
---------------------	---	------

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)
-----------	------------	-------------	--------------------------------

RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
---------------------	------	-------	----------	---------------

APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
---------------------	---	------

**This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.**

## Business / Contractor Background Disclosure Form

### Form must be completed for the legal business entity applying to be licensed

Minnesota Statutes § 326B.83, Subd. 2 requires the disclosure of certain criminal, civil action, and financial information from the legal business entity applying to be licensed and its directors, officers, members, limited or general partners, controlling shareholders or affiliates. Under Minnesota Statutes § 13.41 the information provided by individuals on this form is private data while the application is pending and then becomes public pursuant to Minnesota Statutes, Chapter 13 after the license is issued. Failure to submit the Business / Contractor Background Disclosure Form, or failure to disclose any material information, or make false or misleading statements with respect to any material fact is cause to deny, suspend or revoke the license.

LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
------------------	------	-------	----------

NAME OF CONTACT REGARDING DISCLOSURES	PHONE NUMBER
---------------------------------------	--------------

Answer "yes" if the legal business entity has ever:

1. Held a residential building contractor, remodeler, roofer, manufactured home installer or any other occupational, professional license in any state including Minnesota? <b>If yes</b> , list the state(s) below and the license type(s) for each state where you have held a license and attach a copy of the certificate or license. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Been the subject of any inquiry or investigation by any Minnesota State Agency? <b>If yes</b> , attach a written explanation signed and dated by applicant, including specific dates, and submit copies of all letters of inquiry and resolution.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Had any occupational, professional or vocational license or permit censured, suspended, revoked, canceled, terminated or been the subject of any type of administrative action in Minnesota or any other state? <b>If yes</b> , you must attach: a) a written statement, signed and dated by applicant, explaining the circumstances of each incident; b) a copy of the Notice of Hearing or other document that states the charges and allegations; and c) a copy of the official document that establishes the resolution of the charges or any final judgment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Been charged, indicted, pleaded to or convicted of any criminal offense in any state or federal court in the past 10 years? Include felonies, gross misdemeanors or misdemeanors; do not include traffic violations. <b>If yes</b> , you must attach: a) a written statement, signed and dated by applicant, explaining the circumstances of each incident; b) a copy of the charging document; c) a copy of the official document that establishes the resolution of the charges or any final judgment; and d) if currently on probation, attach a letter from probation officer stating your compliance with terms of probation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Been a defendant in any lawsuit or been named in a civil judgment, involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach of fiduciary duty or breach of contract? <b>If yes</b> , attach written explanation signed and dated by the applicant, including specific dates, and submit copies of legal resolution.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Exercised management or policy control over, or owned 10 percent or more of the stock of any company that has failed in business or filed a bankruptcy petition or been declared bankrupt? <b>If yes</b> , list the company name(s) and attach copy of the company's bankruptcy disposition: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Been the subject of any outstanding unsatisfied judgment(s) relating to any residential contracting or residential remodeling, residential roofing or manufactured home installer activities? <b>If yes</b> , attach written explanation signed and dated by applicant, stating the reason for the outstanding judgment and the amount of the judgment and including specific dates, and submit copies of legal resolution	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Owned or controlled a business entity that has undergone a change in name, ownership or control, or has there been a sale or transfer of the applicant's business entity in the past five years? <b>If yes</b> , attach a list of the names and addresses of all prior, predecessor, subsidiary, affiliated, parent or related entities, and whether each such entity or its owner, officers, directors, members or shareholders hold more than 10 percent of the stock would have answered yes to questions 1 through 7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Indicate whether anyone listed on the Disclosure of Business Owners, Partners, Officers and Members has been affiliated with a residential contractor, remodeler, roofer or manufactured home installer business that engaged in any activity that would result in a yes answer to the above questions 1 through 7: the applicant or the applicant's qualifying person, owners, partners, officers, directors, employees exercising management or policy control, managers, L.L.C. owners/governors or shareholders owning more than 10 percent of corporate stock.	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### CERTIFICATION

I certify all of the information submitted on this disclosure and attachments is true and complete, and that this document has not been changed in any manner from the form adopted by the Department of Labor and Industry.

SIGNATURE OF OWNER, PARTNER, OFFICER (mandatory)	TITLE	DATE
--	-------	------

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification - Residential  
PO Box 64217  
St. Paul, MN 55164-0217  
(651) 284-5034  
Fax: (651) 284-5743  
E-mail: DLI.License@state.mn.us  
www.dli.mn.gov

**BCA FORM**  
Bureau of Criminal Apprehension  
Criminal Background Check

PRINT IN INK or TYPE your responses

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL INDIVIDUAL APPLICANTS; IF THE LICENSE IS TO BE ISSUED TO A COMPANY, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH OF THE COMPANY'S OWNERS, QUALIFYING PERSON, LIMITED OR GENERAL PARTNERS, CORPORATE OFFICERS, DIRECTORS, SHAREHOLDERS OWNING MORE THAN 10 PERCENT OF THE CORPORATION'S STOCK, L.L.C. OWNERS/GOVERNORS, MANAGERS OR EMPLOYEES WITH AUTHORITY TO EXERCISE MANAGEMENT OR POLICY CONTROL. THE DEPARTMENT OF LABOR AND INDUSTRY REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.**

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue

RE: Request for criminal background check and request for disclosure/verification of tax identification number

**PROVIDE PERSON'S COMPLETE LEGAL NAME**

**LAST NAME** (if legal list name is hyphenated, enter both names here)

**FIRST NAME**

**MIDDLE NAME**

ADDITIONAL MIDDLE NAME (if applicable)

MAIDEN NAME (if applicable)

FORMER LIST NAME or OTHER NAME (if applicable)

DATE OF BIRTH (mo/day/yr)

SOCIAL SECURITY NUMBER

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

**THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY**

NAME OF THE COMPANY

COMPANY'S ASSUMED NAME (if applicable)

COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER

YOUR TITLE OR POSITION IN THE COMPANY

**CERTIFICATION AND AUTHORIZATION:**

- I, the undersigned, and my company have made application to the Minnesota Department of Labor and Industry for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.
- I hereby request and authorize the Minnesota Department of Revenue to disclose or verify the state tax identification number.

**SIGNATURE** (mandatory)

DATE

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road North  
St. Paul, MN 55155  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
www.dli.mn.gov  
dli.license@state.mn.us

## Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL  
BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
--	------------------------	-------------------

BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
------------	----------------	-----------------

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
- \_\_\_\_\_
- Other: \_\_\_\_\_.

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

**NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.