Minnesota Department of Labor and Industry Construction Codes and Licensing Division Licensing / Boat 443 Lafayette Road North St. Paul, MN 55155

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



Boat Personal Master License Examination Application

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

Application Fee = \$50.00

| MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY | | | | | OFFICE USE ONLY | | | | | | |
|---|---------------|-----------------------|---|----------------|--|---|----------------------------|---|---|-------------|--|
| SELECT THE LICENSE YOU ARE APPLYING FOR: | | | | | Account Number | 632448 | | STK | B42 | 2BOILLIC | |
| | | | | | Check Number | | | Amount Paid | | | |
| Boat Master (boat carrying passengers for hire) | | | | | | CK CCK MO | | | DLI Deposit Date | | |
| Is this a license exam retest? | ☐ Yes ☐ No | If Yes, ap No work | plication form only. verification forms. | | § 604.113, checks returned for non- payment will be charged a \$30 service charge and may subject the issuer to additional civil penalties. | | | , | | | |
| PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS | | | | | APPLICATION NUMBER: | | | | | | |
| REGISTERED / LICENSED INDIVIDUAL | | | WORK EXPERIENCE | E | CHARTER BOAT OPERATING EXPE | | | | XPERIENCE | | |
| ☐ MN Boat Master License (expired) ☐ US Coast Guard License (expired) LICENSE NUMBER | | | | | ting a boat for hire in experience of completed affidavit). Guard of provide | | nce lic r othe docur | ts with charter boat operating ce licensed by the US Coast other State jurisdiction may documentation to qualify for (attach completed affidavit) | | | |
| The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if y the Department's registration requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security nut this application. The other information is being requested for purposes of processing your application. With the exception of your Social number, you are not legally required to supply the requested data on this application; however, failure to provide the requested information member the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide the application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court or or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your Social Number and non-designated address, becomes public data and may be released to anyone upon request. | | | | | | | | | y number on ocial Security ion may delay ou provide on or required by urt order, and/ | | |
| SOCIAL SECURITY NUMBER DATE OF E | | SIRTH (MM/DD/YYYY) | | E-MAIL ADDRESS | | AREA CODE & PHONE NUMBER | | | | | |
| LEGAL LAST NAME | | S | SUFFIX (JR, SR, II, III) | | LEGAL FIRST NAME | | LEGA | LEGAL MIDDLE NAME | | | |
| RESIDENTIAL ADDRESS | | | | Pι | JBLIC MAILING ADDRESS (if different fi | | | m residential address) | | | |
| CITY | | STATE | ZIP CODE | CI | ITY | | , | STATE | | ZIP CODE | |
| Is the Residential address above a non-designated (private) address? | | | | | | you must provide a designated (Public) mailing address. | | | | | |
| APPLICANT SIGNATUI | RE | | | | | | DAT | E SIGN | ED (N | IM/DD/YYYY) | |

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.