Minnesota Department of Labor and Industry Construction Codes and Licensing Division 443 Lafayette Road North PO Box 64217 St. Paul, MN 55155



Email: dli.license@state.mn.us

Website: www.dli.mn.gov Phone: (651) 284-5031

Individual Electrical License Reciprocity 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:		SPACE IN BOX FOR OFFICE USE ONLY		
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY				
SELECT THE LICENSE YOU ARE APPLYING FOR:		Account Number 632	432	STK B42ELELIC
☐ Class A Master (AM) ☐ Class A Journeyman (AJ)		Check Number		Amount Paid
Applicant <u>will not qualify</u> if an examination for the same or greater class license was failed in Minnesota; or license was revoked or suspended.		□ РСК □ ССК □	МО	DLI Deposit Date
Applicant will not qualify if expired Minnesota electrical license was not renewed within two years of the license's expiration date.		NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for		
Willingsola electrical licerise	☐ Yes ☐ MN LICENSE #	non-payment will be charged a service charge and may subjective issuer to additional civil penalti	\$30 ct the	
PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS		APPLICATION NUMBER:		
RECIPROCITY REQUIREMENTS	RECIPROCATING STATE	NAME OF LICENSE HELD IN RECIPROCATING STATE		
Hold equivalent class electrical	☐ Alaska (AJ only) ☐ Arkansas (AJ only)			
license from reciprocating state	☐ Arkansas (AJ only) ☐ Colorado (AJ only) ☐ Iowa (AM, AJ) ☐ Montana (AJ only) ☐ Nebraska (AM, AJ) ☐ North Dakota (AM, AJ) ☐ South Dakota (AM, AJ) ☐ Wyoming (AJ only)	LICENSE NUMBER		
 Held license at least one year Passed license examination in 				
reciprocating state			T	
		DATE INITIALLY ISSUED	CURRE	NT 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 NUMB	ER	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		DAT	E SIGNED	(MM/DD/YYYY)

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