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



Personal License, Registration, & Certification Change of Address

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The year of birth and last 4 digits of your Social Security Number are requested as verification of your identity to ensure only the licensee is updating their license information. All information provided on this form, except Social Security Number, is considered public pursuant to Minnesota Statutes, Chapter 13. License Information - Must provide to change an address and/or renew license, registration, or certification LICENSE TYPE LICENSE/REGISTRATION/CERTIFICATE # EXPIRATION DATE DATE OF BIRTH SOCIAL SECURITY NUMBER (last 4 digits) PHONE NUMBER LAST NAME MIDDLE INITIAL FIRST NAME **Current Address Information** STREET ADDRESS (PO Box must include street address) CITY STATE ZIP CODE Former Address Information – Must provide past address information before address may be changed FORMER ADDRESS (PO Box must include street address) CITY STATE ZIP CODE Certification: I certify that I hold this license, registration, or certificate and that the information provided on this form is correct and accurate. SIGNATURE (mandatory) DATE SIGNED