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



E-mail: dli.license@state.mn.us Website: www.dli.mn.gov Telephone: (651) 284-5034

Elevator Unlicensed Personal Registration Application / Renewal

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PAID APPLICATION FEE IS NO CASH IS NOT ACCEPTED BY MAKE CHECK OR MONEY ORD MINNESOTA DEPARTMENT OF L	SPACE IN BOX FOR OFFICE USE ONLY				
SELECT YOUR FORM OF REGISTRATION:		Account N	umber 632475	STK B42ELVLIC	
☐ New Registration	\$10.00	Check Nun	nber	Amount Paid	
☐ Renew Registration (not expired)	\$15.00				
Renew Registration (expired includes	,	□ РСК	□ ССК □ МО	DLI Deposit Date	
☐ Reinstate Registration	\$20.00	NOTIOE			
(expired over 12 month includes late		NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for			
If you are or were registered as an unlicensed individual for an electrician or power limited technician work provide your registration number.	REGISTRATION NUMBER	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:		
NEW REGISTRATION	RENEW REGISTRATION		REINSTATE REGISTRAT	TION	
Individuals performing elevator work without a Minnesota elevator license must be registered as an unlicensed individual. Select New Registration if you have never been previously registered as an unlicensed individual.	current or has been expired fo 12 months may renew the regineration prevent a registration prevent accrued work experience. To for National Elevator Code or El	Unlicensed individuals performing electrical work may reinstate a registration that has been expired for less than months may renew the registration. ewing a registration prevents the loss corrued work experience. Two (2) hours ational Elevator Code or Elevator nnology required annually. Hours must earned before registration expires. Indicensed individuals performing electrical work may reinstate a registration that has been expired more than 12 months. Accrued work experience during the unregistered period is lost and may not applied toward licensure. Indicensed individuals performing electrical work may reinstate a registration that has been expired more than 12 months. Accrued work experience during the unregistered period is lost and may not applied toward licensure.			
	renewals (received after expiration).				
The information you as an individual provide in the Department's registration requirements. Minr The other information is being requested for purp required to supply the requested data on this app or result in the denial of the same. Except for your production is a supply the requested the same.	nesota Statute § 270C.72, Subd. 4 oses of processing your application lication; however, failure to provide our name and designated address,	, requires you to n. With the except the requested the information	to provide your social secur eption of your Social Secur I information may delay the n you provide on this applic	rity number on this application. rity number, you are not legally processing of your application cation 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 NUMBER	E-MAIL ADDRESS	
LEGAL LAST NAME	SUFFIX (JR, SR, II, III)		LEGAL FIRST NAME	LEGAL MIDDLE NAME	
RESIDENTIAL ADDRESS			PUBLIC MAILING ADDRESS (if di	ifferent from residential address)	
CITY	STATE	ZIP CODE	СІТҮ	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	•		DATE SIG	GNED (MM/DD/YYYY)	

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