

MANUFACTURED HOME DEALER SALESPERSON LIST

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

Page _____ of _____

| LICENSE NO MD | NAME OF BUSINESS | | | BUSINESS PHONE |
|-------------------------|------------------|------|---------------|-----------------|
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |
| LAST NAME | FIRST NAME | MI | DATE EMPLOYED | DATE TERMINATED |
| DATE OF BIRTH | HOME ADDRESS | CITY | ZIP CODE | HOME TELEPHONE |