



CC0500

Mailing Address:  
 PO Box 64219  
 St Paul, MN 55164-0219

## Boiler Inspectors

### Certificate of Competency Application

Email: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Website: [www.dli.mn.gov](http://www.dli.mn.gov)  
 Phone: (651) 284-5031

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

**BOILER INSPECTOR COMPETENCY NEW \$75.00**  
**BOILER INSPECTOR COMPETENCY RENEWAL \$75.00**  
**BOILER INSPECTOR COMPETENCY LATE RENEWAL..... \$112.50**

**MAKE CHECK OR MONEY ORDER PAYABLE TO:  
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

**PRINT IN INK OR TYPE  
 MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS**

SPACE IN BOX FOR OFFICE USE ONLY	
Account Number 632448	STK B42BOILLIC
Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
<b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	
APPLICATION NUMBER:	LICENSE NUMBER:

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.

**To be completed and signed by the Applicant**

CERTIFICATE OF COMPETENCY NUMBER	EXPIRATION DATE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
FULL LEGAL LAST NAME	FULL LEGAL FIRST NAME		MIDDLE INITIAL	
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
Is the residential address a non-designated (Private) address? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , you must provide a designated (Public) address.				
DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
EMPLOYER NAME				
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO

NATIONAL BOARD COMMISSION NUMBER AND ENDORSEMENTS

**I VERIFY THAT ALL INFORMATION IS CORRECT  
 SIGNATURE OF LICENSE HOLDER**

**DATE**

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