



State Contractors License Verification Form

Please provide the following information and a photo copy of your State License as defined in Minnesota Statute 2001 326.83 to 326.98.

Choose the appropriate line and provide a photo copy of the current license.

_____ Residential Building Contractor _____ Manufactured home installer

_____ Residential Remodeler _____ Certificate of Exemption Minnesota Statute 326.84, Subd. 3

_____ Roofing _____ Irrigation System Installers

_____ Plumbing

_____ Fire alarm (communications, installation, maintenance & repair) MN Statute 326.244

_____ Fire protection system (fire sprinkler installation, testing, repair) Minn Rules 7512.0300

Business Name: _____ Phone: _____

Business Address: _____
Street City State Zip

In order for us to be able to provide you with current updates and other information that may be pertinent to you please provide us with your current E-mail Address.

Email: _____

Qualifying Person: _____ Phone: _____

Qualifying Persons Address: _____

Applicants Name: _____

Applicants Home Address: _____

Applicants Signature _____ Title _____

OFFICE USE ONLY

Please submit the following along with this application:

_____ **\$5.00** Local Surcharge Verification Fee

_____ Copy of State License

Date Verified: _____