



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS

375 JACKSON STREET, SUITE 220

ST. PAUL, MINNESOTA 55101-1806

Phone: 651-266-8989 Fax: 651-266-9124

Visit our Web Site at www.stpaul.gov/dsi

Trade Worker Registration Application

Effective 02/05/2022

Date of Application: _____

Do not write in this space.

License #: _____

Applicant's Name: _____ / ____ / ____
First Middle Initial Last Date of Birth

Applicant's Address: _____
House Number and Street Unit Number

City State Zip Code

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Applicant's Email Address: _____

Drivers License or State ID Number: _____

Applicant's Employer: _____

Employer's Master Record: _____
First Middle Initial Last Name

Master Holder's Signature: _____ C of C#: _____

TRADE:

- ☐ GAS BURNER ☐ OIL BURNER ☐ REFRIGERATION
☐ STEAM/HOT WATER ☐ WARM AIR/VENTILATION
☐ LATHING AND PLASTERING ☐ CONCRETE MASON AND CEMENT FINISHER
☐ PLUMBING (State Registered Apprentice Number: _____)

TIER:

☐ 1 - \$34.00(0-4 yrs) ☐ 2 - \$65.00(5-6yrs) ☐ 3 - \$55.00(7yrs & over)

I UNDERSTAND THAT AS A REGISTERED TRADE WORKER I MUST WORK UNDER THE DIRECT SUPERVISION OF A JOURNEYMAN OR MASTER OF THE SAME TRADE AND THAT THIS REGISTRATION MUST BE RENEWED EVERY YEAR PRIOR TO THE ANNIVERSARY OF THIS APPLICATION FOR THE REGISTRATION TO REMAIN IN AFFECT.

Signature of Applicant

Do not write in this space.

Approval of Senior Inspector: _____

RECORD OF RELATED TRADE TRAINING

NAME OF SCHOOL, APPRENTICESHIP PROGRAM OR SPECIAL COURSE	COURSE OF STUDY	YEARS COMPLETED	DATES TO/FROM	DID YOU GRADUATE?	DEGREE OR DIPLOMA

Note: Credit not given for special courses unless written description of course content from the institution is attached to this application.

RECORD OF RELATED TRADE EXPERIENCE

List related trade experience starting with the most recent employer, be specific.

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHAT TYPE OF WORK WAS PERFORMED?	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

I do hereby attest that the above is a true and correct record of my related trade training and experience.

Signature of Applicant

Print Full Name Above

An Equal Opportunity Employee

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ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

Please Type or Print In Ink

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

Licensee's Name: _____

DBA: _____

Business Address: _____

Business Phone: _____ Preferred Phone: _____

TAX IDENTIFICATION NUMBER

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a **Minnesota Tax Identification Number**, a **Federal Tax Identification Number (FEIN)**, or a **Social Security Number (SSN)**.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

Tax Identification Number: _____ Circle Type: MN Tax Id / EIN / SSN

PAYMENT INFORMATION

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, either by the City or a third-party service provider. The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

CREDIT CARD PAYMENT

*Effective April 3, 2021, a 2.49% service fee will be charged for all credit or debit card transactions and will appear as a separate transaction on your card statement. This fee is charged by the service provider the Department of Safety and Inspections uses to handle credit card transactions. The City will not receive any of the service fees.**

Signature of Cardholder (required for all charges) : _____

<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Security Code ►					Expiration Date: Month /Year ►				
BILLING ZIP CODE: _____													
Enter Account Number ►													

If paying by credit card, the above must be fully completed and signed then the entire application faxed to 651-266-9124.

If paying by check, make checks payable to the "City of St. Paul" and mail with the completed application.

**ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS APPLICATION**

I have read and understand this document and provided complete, correct, and truthful information as requested.

Signature (REQUIRED for all applications)

Date