

DEPARTMENT OF SAFETY & INSPECTIONS (DSI) ANGIE WIESE, PE (MN), CBO, DIRECTOR

> 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 651-266-8989 | Fax 651-266-9124 Visit our website at: <u>www.stpaul.gov/dsi</u>

Certificate of Competency Application for Examination

CERTIFICATE OF COMPETENCY APPLICATION FOR EXAMINATION

(Circle the Trade under the Appropriate Level)

MASTER LEVEL (Fee \$82.50)

REFRIGERATION STEAM/HOT WATER GASFITTER OIL BURNER VENTILATION WARM AIR PLASTER/STUCCO

JOURNEY LEVEL (Fee \$55.00)

REFRIGERATION STEAM/HOT WATER GASFITTER OIL BURNER VENTILATION/WARM AIR PLASTER/STUCCO

IMPORTANT: PRINT LEGIBLY OR TYPE

I.______DESIRE TO OBTAIN A CERTIFICATE OF COMPETENCY IN THE TRADE OR CRAFT AS CIRCLED ABOVE AND HEREWITH APPLY. I HAVE FULFILLED ALL PREREQUISITES AS TO STATE LICENSE, AGE, EXPERIENCE AND/OR APPRENTICESHIP. I HAVE PAID THE REQUIRED EXAMINATION FEE WHICH IS NOT REFUNDABLE. IT IS UNDERSTOOD AND AGREED THAT SIX (6) MONTHS MUST ELAPSE BEFORE I CAN REPEAT THIS EXAMINATION AND THAT ALL RULES, REGULATIONS AND DECISIONS OF THE BOARD SHALL GOVERN IN ALL CASES.

	City	State	Zip
Home Phone + Area Code:	Email:	Date o	of Birth:
Present Employer Name:			
Employer Address:	City	State	Zip
Employer Phone with Area Code:	Ema	ul:	
EXPERIENCE IN THIS TRADE OR CRAFT: (F	Please be specific)		
I am an Apprentice registered with MN Departme	nt of Labor and Industry und	er agreement number	
I am an Apprentice registered with MN Departme I have worked at the above designated trade for: <u>-</u>	ent of Labor and Industry unde	er agreement number Months	
I am an Apprentice registered with MN Departme I have worked at the above designated trade for: <u>_</u> I am the holder of:	ent of Labor and Industry unde	er agreement number Months Date	
I am an Apprentice registered with MN Departme I have worked at the above designated trade for: <u>_</u> I am the holder of:	ent of Labor and Industry unde Vears License No	er agreement number Months Date Date	
I am an Apprentice registered with MN Departme I have worked at the above designated trade for: <u>_</u> I am the holder of:	ent of Labor and Industry unde Years License No License No License No	er agreement number Months Date Date Date	

APPLICANTS FOR EXAMINATION MUST HAVE VOUCHERS SIGNED AS FOLLOWS:

Master Applicants: Vouchers 1 & 2
Applicant's Name:

Journeyperson Applicants: Voucher 3

	LIGUATER	UL DOD			
MASTER	VOUCHER	#I FOR	MASTER	APPLICANTS	ONLY

STATE OF MINNESOTA COUNTY OF	I, the undersigned Master Installer	of the classification				
Subscribed and sworn to me this day	heretofore mentioned, swear that I have personally known the applicant, that the applicant has worked in my employ and under my direct supervision in this trade for year The applicant is a competent journeyperson. I have read the above statements and believe them to be true.					
Notary Public	Master's Signature	Certificate #				
	Print Full Name:					
MASTER VOUCH	ER #2 FOR MASTER APPLICANTS ONL	Y				
STATE OF MINNESOTA COUNTY OF						
Subscribed and sworn to me this day	heretofore mentioned, swear that I the applicant, that the applicant has and under my direct supervision in The applicant is a competent journ the above statements and believe th	s worked in my employ a this trade for <u>years</u> . eyperson. I have read				
Notary Public	Master's Signature	Certificate #				
	Print Full Name:					
VOUCHER #3 FC	OR JOURNEYPERSON APPLICANTS ON	LY				
STATE OF MINNESOTA COUNTY OF						
Subscribed and sworn to me this day	heretofore mentioned, swear that I h the applicant, for years, that statements and believe them to be t registered apprentice and has receiv training as provided by agreement # the Minnesota Department of Labor supervision.	t I have read the above rue. The applicant is a yed on-the-job and related #with				
Notary Public	Master's Signature	Certificate #				
	Print Full Name:					
	Page 2 of 5					

RECORD OF EDUCATION

RECORD OF EDUCATION											
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 EMPLOYMENT

List <u>related</u> work experience starting with the most recent employer, be specific.

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

(If additional space is needed, use next page of application)

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

(If additional space is needed, use back of application)

SAINT PAUL

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: <u>MN Tax Id / EIN /SSN</u>

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) : _

AMEX Discover MasterCard Visa				Se	ecurity ode ►			tion Date: h /Year Þ			
Enter Credit Card 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