



CITY OF SAINT PAUL

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 Saint Paul, Minnesota 55101-1806

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**COMPETENCY CARD APPLICATION**  
**(For Reciprocal Only)**

Applicant's Last Name	First	Middle Initial	Phone Number
Applicant's Address			
City	State	Zip	
Email			
MINNESOTA TAX IDENTIFICATION Number: _____ Circle Type: <u>    </u> MN Tax ID / FEIN / SSN			
EMPLOYER'S NAME:			
<p><b>Enclose completed competency card application, a copy of your current Minneapolis competency card and payment (\$21.00 for each card) to the above address. Checks must be payable to City of Saint Paul.</b></p> <p><b>PLUMBERS: ENCLOSE A COPY OF STATE PLUMBING LICENSE</b></p>			
<b>TRADES</b>	<b>Master Comp Card</b>	<b>Journeyman Comp Card</b>	
Gas Burner A			
Oil Burner A			
Plumbing/Gas Fitter			
Refrigeration A			
Steam A			
Signature of Cardholder (required for all charges): _____			
Please complete the following if paying by credit card (circle one): AMEX Discover MasterCard Visa Security Code:			
Enter Your Account Number in the Boxes Below:			