



CITY OF SAINT PAUL
 Christopher B. Coleman, Mayor

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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>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.</p> <p>PLUMBERS: ENCLOSE A COPY OF STATE PLUMBING LICENSE</p>			
TRADES	Master Comp Card	Journeyman Comp Card	
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:			