



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

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

TIER:

- 1 - \$32.00(0-4 yrs)
- 2 - \$63.00(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



ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

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

Please Type or Print In Ink

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

Form with checkboxes for American Express, Discover, MasterCard, Visa, and fields for Expiration Month/Year, Security Code, and Enter Account Number.

Signature of Cardholder (required for all charges): _____

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