



**SAINT PAUL**  
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)  
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**MASTER CARD HOLDER  
VOUCHER FOR  
TRADE WORKER REGISTRATION**

Effective 12/31/2025

Date of Application: \_\_\_\_\_

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 Employer: \_\_\_\_\_

*Note: Employer's Master name & signature required for **each trade** applied for.*

Employer's Master Record<sup>1</sup>: \_\_\_\_\_  
First, Middle Initial, Last Name Trade(s)

Master Holder's Signature<sup>1</sup>: \_\_\_\_\_ St Paul Comp Card #: \_\_\_\_\_

Employer's Master Record<sup>2</sup>: \_\_\_\_\_  
First, Middle Initial, Last Name Trade(s)

Master Holder's Signature<sup>2</sup>: \_\_\_\_\_ St Paul Comp Card #: \_\_\_\_\_

Employer's Master Record<sup>3</sup>: \_\_\_\_\_  
First, Middle Initial, Last Name Trade(s)

Master Holder's Signature<sup>3</sup>: \_\_\_\_\_ St Paul Comp Card #: \_\_\_\_\_

Employer's Master Record<sup>4</sup>: \_\_\_\_\_  
First, Middle Initial, Last Name Trade(s)

Master Holder's Signature<sup>4</sup>: \_\_\_\_\_ St Paul Comp Card #: \_\_\_\_\_

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