



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 Record¹: _____
First, Middle Initial, Last Name _____ Trade(s) _____

Master Holder's Signature¹: _____ **St Paul Comp Card #:** _____

Employer's Master Record²: _____
First, Middle Initial, Last Name _____ Trade(s) _____

Master Holder's Signature²: _____ **St Paul Comp Card #:** _____

Employer's Master Record³: _____
First, Middle Initial, Last Name _____ Trade(s) _____

Master Holder's Signature³: _____ **St Paul Comp Card #:** _____

Employer's Master Record⁴: _____
First, Middle Initial, Last Name _____ Trade(s) _____

Master Holder's Signature⁴: _____ **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