



CC0509

Mailing Address:
 PO Box 64217
 St. Paul, MN 55164-0217

Email: dli.cesponsor@state.mn.us
 Website: <http://www.dli.mn.gov/>
 Phone: (651) 284-5034

CONTINUING EDUCATION INDIVIDUAL COURSE APPROVAL APPLICATION

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY
 COURSE FEES ARE NONREFUNDABLE**

Print in **INK** or **TYPE**
 Make a copy of this application for your records

Fee is \$20.00 per course			
Total Number of COURSES	1	Total Fee = (# x 20)	\$ 20.00
SPACE IN BOX FOR OFFICE USE ONLY			
Account # 632423		STK B42COURSE	

Please check the appropriate box(s) below to identify the regulated industry for which you are requesting approval:

- Building Official
- Electrical
- Elevator
- Plumbing
- Manufactured Home Installer
- Residential Building Contractor, and Roofer
- Water-Conditioning Contractor

Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service Charge and may subject the issuer to additional civil penalties.	

LAST NAME	FIRST NAME	E-MAIL ADDRESS
-----------	------------	----------------

RESIDENTIAL STREET ADDRESS	CITY	STATE	ZIP CODE
----------------------------	------	-------	----------

YOUR LICENSE/CERTIFICATION #	DAYTIME PHONE #
------------------------------	-----------------

SPONSOR NAME LeadClasses.com	SPONSOR BUSINESS PHONE AND EMAIL ADDRESS 888-840-8388 Info@LeadClasses.com
---------------------------------	------------------------------------------------------------------------------------

SPONSOR ADDRESS 1520 Belle View Blvd, #3172	CITY Alexandria	STATE VA	ZIP CODE 22307
------------------------------------------------	--------------------	-------------	-------------------

COURSE TITLE (as shown on your certificate of completion or attendance)
 EPA/HUD RRP Lead Based Paint Certified Renovator Initial

COURSE LOCATION La Quinta Inn Minneapolis / Bloomington W 5150 American Blvd W	CITY Bloomington	STATE MN	ZIP CODE 55437
--------------------------------------------------------------------------------------	---------------------	-------------	-------------------

DATE COURSE ATTENDED (MM/DD/YYYY)	INSTRUCTOR NAME
-----------------------------------	-----------------

Number of continuing education credits requested for this course: 8 Hours	Electrical Code Hrs	Related Electrical Hrs	Elevator Code Hrs	Building Official Hrs
------------------------------------------------------------------------------	---------------------	------------------------	-------------------	-----------------------

If applicable, did this course offer training in the implementation of energy codes or energy conservation measure applicable to residential buildings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list number of hours.	Energy Code Hours	Manufactured Home Installer	
		Laws/Code Hours	Installation Hours

CERTIFICATION

- I certify I attended the above named course on the date specified for the number of hours for which I have requested approval of continuing education credit.
- I certify all of the information submitted in this application is true, accurate and complete.
- I understand the department, under M.S. § 326B.082, may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application.

SIGNATURE OF LICENSEE (mandatory)	DATE
-----------------------------------	------