

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64220
St. Paul, MN 55164-0220
Phone: (651) 284-5034
Fax: (651) 284-5743
E-mail: DLI.License@state.mn.us
www.dli.mn.gov

Mechanical Bond Registration Checklist

Except for the Certificate of Good Standing and/or Certificate of Assumed Name, all forms and documents must include original signatures. Photocopies are not acceptable.

- Mechanical Bond Registration Filing Fee - \$110.00
- Copy of Certificate of Good Standing and/or Certificate of Assumed Name issued by the Office of the Secretary of State (not required for an individual (sole proprietor) or partnership when the individual's and all partners' own true full names are used in the company's legal name)
- Mechanical Bond Registration form, completed and signed by principal of the company
- Mechanical Bond, including Power of Attorney form, signed, acknowledged (notarized)
- Workers Compensation Certification of Compliance Form

MAIL ABOVE FORMS WITH **\$110.00** BOND FILING FEE TO:

**Minnesota Department of Labor and Industry
Financial Services – Mechanical Bond
PO Box 64220
St. Paul, Minnesota 55164-0220**

NOTE: Please make sure that the check issued for payment indicates "Mechanical Bond Fee" so that we may expedite the processing of your bond filing.

Helpful Contact Numbers:

Minnesota Identification Number (651) 282-5225

Federal Employer Identification Number 1-800-829-4933

Economic Security (Unemployment Insurance) (651) 296-6141

Labor and Industry (Workers' Compensation Insurance) (651) 284-5005 or 1-800-342-5354

Revenue (if making retail sales in Minnesota) (651) 296-6181 – Corporate and Sales Tax Division

SOS (Secretary of State) (651) 296-2803

Instructions for Completing the Mechanical Bond Registration

Incomplete or inaccurate application will delay processing.

The appropriate fee must be submitted with the license application: Mechanical Bond Fee \$110.00.

The box numbers on the application correspond with the numbered items in the following instructions.

1. Business Telephone Number
2. Business Fax Number – For person signing the Mechanical Bond Registration form.
3. E-mail address of person signing the Mechanical Bond Registration form.
4. Legal Business Name. Except for an individual (sole proprietor) or a partnership making application using the individual's or all partners' own full true name(s) as the contractor name, the name identified on the Certificate of Assumed Name or Certificate of Authority issued by the Office of the Secretary of State shall be used on all forms used to apply for any license/bond certificate issued by the Department. **Examples of business names:**

An individual without an assumed name - John Doe or John Doe Plumbing

An individual using their full true name as in the example above are not required to register with the Secretary of State

An individual with an assumed name - John Doe dba Assumed Name

A partnership with an assumed name - John Doe and James Doe dba Assumed Name

A corporation - Company Name Inc.

A corporation with an assumed name – Company Name Inc. dba Assumed Name

A limited liability company - Company Name, LLC or LLP

Additional business, tax, and employment information can be found in a *Guide to Starting a Business in Minnesota* at www.deed.state.mn.us/bizdev/start.html. A copy is available without charge from the Minnesota Department of Employment and Economic Development, Small Business Assistance Office. Telephone (651)-296-3871 or 1-800-310-8323.

5. Doing Business As (DBA) – This part is only completed if you are an individual proprietor or a corporation using an assumed name.
6. Business Address. PO Box numbers are not acceptable.
7. Mailing Address (if different from above). A PO Box address may be used.
8. Business Type (check only one). If your business type is not listed, check “other” and write in business type (must be a recognized type and registered with Minnesota Secretary of State (SOS) Office).
- 9., 10. and 11. Except for individual (sole proprietor) or one-member limited liability companies without employees or taxable sales, all companies must furnish their business Federal Employer Identification Number and Minnesota Identification Number. Tax numbers are available from the state or federal revenue agencies. Their telephone numbers are:

Minnesota Identification Number	(651) 282-5225
Federal Employer Identification Number	1-800-829-4933
Economic Security (Unemployment Insurance)	(651) 296-6141
12. You must register ALL business names along with the Assumed Name (dba) for your company. Please contact Office of Secretary of State (SOS), 180 State Office Building, St. Paul, MN 55155, (651) 296-2803. Licenses/bond certificates are not processed until your business name is registered with SOS. See #4 for examples of business names.
13. List the principals of the company; All **Owners**, all **Partners** of partnerships, all **Officers** of corporations (Inc), all **Partners** of limited liability partnerships (LLP), all Limited Liability Company **Members (LLC)**, and all **Principals** of other business types. All requested information must be provided. Note: Minnesota Statutes section 270C.72, Tax Clearance; Issuance of Licenses/Bond Certificates requires Minnesota applicants to provide their Minnesota ID and the social security numbers of all individual owners, partners, officers and members of the business entity.
14. Sign and date mechanical bond registration form. This application must be signed by one of the persons listed in box 13 of the Mechanical Bond Registration form. Note: If the company is a partnership or a limited liability partnership, all partners and members must sign the application.



CC0195

Mechanical Bond Registration

Make a copy of this application for your records

PRINT IN INK or TYPE

Mechanical Bond Fee \$110.00

Depositing of fees does not constitute filing of the bond; and will not be unless all of the conditions identified on this application and in M.S. § 326B.197 are complied with. Checks returned for nonpayment will be charged a \$30 fee (M.S. 604.113, subd. 2.)

Make check or money order payable to:
Minnesota Department of Labor and Industry
CASH IS NOT ACCEPTED BY MAIL OR WALK-IN.
DO NOT STAPLE CHECK TO APPLICATION OR PAPERWORK

Insert Your Check No.		Amount Paid	
DLI USE ONLY <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO			
RSRC	STK	Date Check Rec.	Application #
632416	B42MECH		

The information you provide on this application will be used to determine if you meet the bonding requirements. Before a bond certificate is issued to you, M.S. § 270C.72, subd 4, requires you to provide your social security number. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under M.S. § 13.41, the information that you provide on this application, except for your name, and address is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Once you are bonded, the information becomes public data and will be part of the agency's permanent records.

The following documents are required to file a mechanical bond.

- Mechanical Bond Registration SOS Registration (copy of current year's filing)
 Mechanical Bond Workers' Compensation Certificate of Compliance

1. BUSINESS TELEPHONE NUMBER	2. FAX TELEPHONE NUMBER	3. E-MAIL ADDRESS
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4. LEGAL BUSINESS NAME OF CONTRACTOR Individual name only if no company name used - See instructions

5. DBA (doing business as name) (if applicable)

6. BUSINESS ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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7. MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE	COUNTY
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8. BUSINESS TYPE (check only one)

<input type="checkbox"/> Individual (sole proprietor)	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Foreign Corporation	State business is organized in: _____

9. FEDERAL EMPLOYER TAX NO (FEIN) (if applicable)	10. STATE TAX ID (MN ID) (if applicable)	11. UNEMPLOYMENT NO (if applicable)
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12. MINNESOTA SECRETARY OF STATE (SOS) REGISTRATION: Is your business name(s) registered with SOS? Yes No. Except when an individual or partnership is doing business under their own true full legal first and last name(s). All businesses and assumed names (dba) must be registered with the Office of the Secretary of State, Minnesota State Retirement Building, 60 Empire Drive, St. Paul, MN 55103, (651) 296-2803, www.sos.state.mn.us. Licenses/bond certificates are not processed until your business name is registered with SOS. Attach a copy of ALL current year's filing with SOS. (Note: You must register your business name yearly with SOS, however, an assumed name must be renewed every 10 years. Please contact SOS for further information.)

THE SECOND PAGE MUST BE COMPLETED

13. LIST ALL OWNERS, ALL PARTNERS, ALL OFFICERS, OR ALL LIMITED LIABILITY COMPANY MEMBERS

All requested information must be provided. If additional sheets are needed please attach to this application. Note: Minnesota Statutes section 270C.72, Tax Clearance; Issuance of Licenses/Bond Certificates requires Minnesota applicants to provide their Minnesota ID and the social security numbers of all individual owners, partners, officers and members of the business entity.

LAST NAME	FIRST NAME	MI	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NO
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
LAST NAME	FIRST NAME	MI	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NO
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
LAST NAME	FIRST NAME	MI	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NO
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
LAST NAME	FIRST NAME	MI	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NO
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.

Note: Minnesota Statutes section 270C.72, Tax Clearance; Issuance of licenses/bond certificates requires Minnesota applicants to provide their Minnesota ID and the social security numbers of all individual owners, partners, officers and members of the business entity.

14. An Owner/Officer, Partner, Member, President, Vice President listed in Box 13 of this application MUST sign below:

This is to certify that the company making this application is in compliance with the provisions of Minnesota Statutes and Minnesota Rules, including:

- (a) Compensation of any employee doing contractor work will be reported on an Internal Revenue Service W-2 form.
- (b) All advertising and business forms will be in the name shown on bond form.
- (c) I will immediately notify the Department in writing of any change of address, telephone number, responsible licensed person, or other information required on my application.

I hereby declare that any statements herein are true and complete, with the same force and effect as though given under oath.

APPLICANT SIGNATURE (Owner, Partner, Member, President, Vice President)	DATE OF APPLICATION	TITLE
PARTNERSHIP SIGNATURE	DATE OF APPLICATION	TITLE
PARTNERSHIP SIGNATURE	DATE OF APPLICATION	TITLE

BOND EXAMPLES

Individual Proprietors With an Assumed Name

St. Paul, MN 55155
Phone: (651) 284-5031 Fax: (651) 284-5743

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT WILLIAM SMITH ← **CORRECT**

(Business name as registered with the Office of the Secretary of State)

WILLIAM SMITH ELECTRICAL ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

St. Paul, MN 55155
Phone: (651) 284-5031 Fax: (651) 284-5743

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT WILLIAM SMITH ELECTRICAL ← **INCORRECT**

(Business name as registered with the Office of the Secretary of State)

WILLIAM SMITH ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

Corporations or Limited Liability Companies Without an Assumed Name

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT SERIOUS CONTRACTORS INC ← **CORRECT**

(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

SERIOUS CONTRACTORS INC ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

E-mail: DLI.License@state.mn.us
www.dli.mn.gov

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT JAMES SMITH ← **INCORRECT**

(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

SERIOUS CONTRACTORS INC ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

Corporations or Limited Liability Companies With an Assumed Name

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT SMITH CONSTRUCTION LLC ← **CORRECT**

(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

SMITH CONTRACTING ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE

PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

THAT SMITH CONTRACTING ← **INCORRECT**

(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

SMITH CONSTRUCTION LLC ← **EXAMPLE**

(DBA, doing business as name if applicable)

With business office at _____

PART A or B MUST BE COMPLETED DEPENDING ON BUSINESS STRUCTURE TYPE

PART C MUST BE COMPLETED BY THE SURETY COMPANY

A OR B AND C MUST BE COMPLETED SMITH CONTRACTING

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership
(Note: if partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF _____)
COUNTY OF _____) ss

On this _____ day of _____ personally came _____
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same to be his/her/their own free act and deed.

(SEAL) _____ Notary Public, _____ County, _____
My Commission Expires: _____

B. FOR ACKNOWLEDGEMENT OF Corporate Contractor

STATE OF _____)
COUNTY OF _____) ss

On this _____ day of _____ personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she acknowledged said instrument to be the free act and deed of the corporation.

(SEAL) _____ Notary Public, _____ County, _____
My Commission Expires: _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT OF Corporate Surety

STATE OF _____)
COUNTY OF _____) ss

On this _____ day of _____ personally came _____
and _____
to me personally known, who being by me duly sworn, did say that he/she is the attorney in fact, of _____
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said _____ acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

(SEAL) _____ Notary Public, _____ County, _____
My Commission Expires: _____

Minnesota Department of Labor and Industry
CCLD - Licensing and Certification Services
PO Box 64220
St. Paul, MN 55164-0220
Phone: (651) 284-5034 Fax: (651) 284-5743
E-mail: DLI.License@state.mn.us
www.dli.mn.gov
PRINT IN INK or TYPE
KNOW ALL MEN BY THESE PRESENTS:

Mechanical Bond



CC0516

BOND NO.	AMOUNT	EFFECTIVE DATE	ENDING DATE
	\$25,000		

THAT _____
(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

(DBA, doing business as name if applicable)

With business office at _____
(Business Address City State Zip Code Telephone number)

as PRINCIPAL, and _____
(Surety Company Name)

(Surety Company Address City State Zip Code Telephone number)

A corporation duly organized in the state of _____ and authorized to do business in the state of Minnesota, as Surety, are jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000)** for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor and Industry and shall be in lieu of all other license bonds to any other political subdivision.

NOW THEREFORE, the condition of this obligation is such that WHEREAS the said Principal has contracted to do gas, heating, ventilation, cooling, air conditioning, fuel burning, or refrigeration work within the state of Minnesota, then the Principal shall faithfully and lawfully comply with the Minnesota State Mechanical Code (Minnesota Rules, Chapter 1346) as provided in Minnesota Statute 326B.197 when performing work in the state of Minnesota and indemnify any person dealing or transacting business with the Principal from any financial loss or damage occasioned by the failure of the Principal to comply with any requirements of Minnesota Rules, Chapter 1346, then no obligation under this bond shall accrue; otherwise this bond shall remain in full force and effect.

The terms of this bond shall be biennial and may be renewed with a continuation certificate due biennially from the effective date of the bond or continuation certificate. During the term of this obligation the Principal and Surety will pay unto the persons injured or suffering financial loss the amount needed to correct non-complying work. The aggregate liability of the Surety hereunder pertains to all claims, regardless of the number of claims made against the bond or the number of years the bond remains in force, shall in no event exceed the total sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000)**.

The bond may be cancelled by the Surety, as to future liability, by giving written notice by Certified Mail, addressed to the Principal at the address as stated in the bond, and to the Department of Labor and Industry, Construction Codes and Licensing Division, 443 Lafayette Road No., St. Paul, MN 55155. Thirty (30) days after the mailing of that notice, this bond shall be null and void as to any liability thereafter arising, the Surety remaining liable, however, subject to all the terms, conditions, and provisions of this bond, for any and all acts covered by this bond up to the date of the cancellation. The Surety shall notify the Principal and the Department of Labor and Industry if it has made any payments on the bond which result in the value of the bond falling below the minimum amount required by law.

Signed and sealed this _____ day of _____

(SURETY SEAL)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Acknowledge (notarize) signatures on reverse side and attach power of attorney form.

NAME OF SURETY

File with: Minnesota Department of Labor and Industry
CCLD - Licensing and Certification
443 Lafayette Road N
St. Paul, Minnesota 55155

SIGNATURE OF ATTORNEY IN FACT (SURETY COMPANY)

A OR B AND C MUST BE COMPLETED

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership

(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same
to be his/her/their own free act and deed.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

B. FOR ACKNOWLEDGEMENT of Corporate Contractor

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she
acknowledged said instrument to be the free act and deed of the corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT of Corporate Surety

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
and _____ to me personally known, who being by me duly sworn, did say that
he/she is the attorney in fact, of _____, the
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the
said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said
_____ acknowledged that he/she executed said instrument as attorney in
fact as the free act and deed of said corporation.

(SEAL)

Notary Public, _____ County, _____
My Commission Expires _____

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5034
Fax: (651) 284-5743
www.dli.mn.gov
dli.license@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law



CC0515

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
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COUNTY	E-MAIL ADDRESS
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE
FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.