DEPARTMENT OF LABOR AND INDUSTRY

New contractor registration

Using either the Continue as a Guest method (first image) or by logging in (second image), the user will be routed to the **License and Registration Management** section of <u>iMS – the agency's online permit and licensing</u> <u>system</u> (https://ims.dli.mn.gov/).

Select New License or Registration.



🗹 Plan Review 🛛	👖 Permits 🛛	🚔 License & Registration 🕫
+ Submit ePlan Review Application	+ Permit Application	% Link to Contractor
Q Search Reviews	Q Search Permits	Requires State of Minnesota Contractor Number
		+ New License or Registration
	Lill Permit Reports	Click above to apply for new license, exam, reciprocit or registration application.
		Q Search License/Registration Holders
		Search Instructions
< Enforcement	Sector Assets	© Locations
+ Submit Complaint	+ Create	Q Search Addresses
Our authority is limited to initiating administrative	Manufactured Structures applications for Certificates	
sciplinary action against a contractor's license if they ave broken state law. Before submitting a complaint,	and Seals	
Click here to ensure we have the authority to pursue	Q Search Assets	
an investigation.	Search here for Boiler and Elevator ID's. Elevator Annual	
	Operating Permits and Boiler Certificate of Registration information also found here.	
C ⁴ iMSRenewals		
C Renew a License or Registration		
cense/certificate/registration renewal is available 60 days before expiration date.		
C Batch Renewal		
NLY TO BE USED WHEN RENEWING MULTIPLE LICENSES. Batch Renewal is limited to 25 renewals at a time.		

Next, select "Contractor Registration" from the application list.

Please click button below to continue	
Boiler	
Building Officials	
tions for Accessibility Specialist, Certified Building Official, or Certified Building Limited	Official-
Combative Sports	
Electrical	
Contractors must complete paperwork prior to submission. Click here	
Elevator	
Contractors must complete paperwork prior to submission. Click here	
High Pressure Piping	
Contractors must complete paperwork prior to submission. Click here	
Manufactured Structures	
Contractors must complete paperwork prior to submission. Click here	
Mechanical Contractor Bond	
Contractors must complete paperwork prior to submission. Click here	
Plumbing	
Residential Contractors	
Contractors must complete paperwork prior to submission. Click here	
Water Conditioning	
Contractors must complete paperwork prior to submission. Click here	
Continuing Education	
CE Sponsor Information Page. Click here	

Select entity type: "**Business Entity**" if you have an LLC, LLP or corporation or "**Sole Proprietor or Individual**" if using an assumed name (DBA) or just your first and last name.

	Business Entity
Use Of	NLY for an LLC, LLP or corporate business structure. All businesses must be registered with the Minnesota Secretary of State to perform work in this state.
	Sole Proprietor or Individual
	en the business is owned and controlled by one person. To register, you will provide your gal name. You may have an Assumed Name filed with the Minnesota Secretary of State business office.

Accept the Contractor Acknowledgement Statement as shown below to begin the application.



Next, review the qualifications list. If you answer YES to any of the following questions, you DO NOT need to apply for a registration.

To change to "**YES**", tap the "No" button.



The default responses are "NO"

Qualifications			
Q1	No		
	The Business Entity holds a current license, certificate, or registration under chapter 299M or 3268		
Q2	No		
	The Business Entity has given a bond to the state under section 326B.197 or 326B.46		
Q3	No		
	The Business Entity is an architect or professional engineer engaging in professional practice as defined in section 326.02, subdivisions 2 and 3		
Q4	No		
	The Business Entity is a school district or technical college governed under chapter 136F		

Next, complete the **Business Information** section.

usiness	崗	
Business Name 🛊		
	Please enter the Legal Business Name of Contractor	
DBA Name	Assumed Name if Applicable	
	Doing Business as name/assumed name - if applicable	
Address 🛊	PO Box is not acceptable	
	Please enter the physical business street address	
Unit/Apt/Suite		
City *		
State *	MN	
Zip Code *		
Email Address *		
Business Phone *		
Other Phone		
	Phone number added here will be hidden from DLI's Contractor	
	look up	
SSN or FEIN *		
	Please enter either a Social Security Number (SSN) or Federal Tax ID Number (FEIN)	
Minnesota Tax ID	Tax to number (FEIN)	
Number		
Contact Name		
Website		

NOTE:

- P.O. Boxes are NOT accepted in this section. There is a section on the next screen (Contacts Screen) that will allow for a P.O. Box entry.
- If the business does not have an assumed name (DBA) filed with the Minnesota Secretary of State, leave this field blank.

Next, complete the **Contact** information.

Contacts Contractor Registration Busin Please complete the fol	1000 1000 1000 1000 1000 1000 1000 100				cation. Business
Applicant	<i>∲</i> Me	名前	🛤 Business Mailing Add	dress 🥜 Me	42 前
Company Name I Address Unit/Apt/Suite City	Individual completing app If not applicable add "Self" SELECT ONE	· · · · · · · · · · · · · · · · · · ·	Address Unit/Apt/Suite City State Zip Code	···· SELECT ONE ···	v

Applicant section: Enter applicant full name and contact information.

Business Mailing Address section: This is where you enter a P.O. Box if needed.

Next, complete Registration Information.

ERegistration				
To verify registration with the Minnesota Secretary of State, Click here Click here for Workers' Compensation Lookup.				
	Applicant Relationship		Business Information	
Relationship *	··· SELECT ONE ··· V Identify how the person completing this application is related to the business entity.	Individual Ownership Publicly Traded	No Is this business owned by just one individual	
	Business Type		Is the business publicly traded? File Upload	
State • Business Type •	MN Please select the state the business was organized in SELECT ONE	File Upload	SELECT ONE Please select "Single File" if all of your required documents are in a single electronic file or choose "Separate Files" if each required document is in a separate file.	
		Previous Enforcement Action	Evides Evidence No Toggle "Yes" If the applicant or any persons listed on this application with ownership have been lissued a notice of violation, administrative or licensing order, or order to comply by the Department of Labor and Industry in the last ten years.	

Applicant Relationship: Identify the relationship and role of the person completing this application.

Business Type Section: The business type selection is imperative to the registration process. If the business type is incorrect, this will not be updated until the next renewal year.

Note: If sole proprietor was selected at the beginning of the application AND the business is structured as an LLC, LLP or Inc., please discard the application. Once in new application, choose Business Entity.

File Upload: If you have employees, select "separate" files. If no employees, select "single" file.

Previous Enforcement Action: Select "**Yes**" if the applicant or any persons listed on the application with ownership have been issued a notice of violation, administrative or licensing order or order to comply by the Minnesota Department of Labor and Industry in the past 10 years.

Registration Information continued:



Qualifications section: A review of previously answered questions.

Workers Compensation section: If the entity has employees select **Yes** and provide the Unemployment Insurance account number. This number can be obtained by opening an employer account with the Minnesota Department of Employment and Economic development (DEED) by visiting their website or by applying for your state's Unemployment Insurance program (for out-of-state applications). Next, select **Yes** for Workers' Compensation policy. (Image 2).

If the entity is not required to carry workers' compensation insurance and has no employees select **No** and provide the reason you would be exempt from the coverage from the drop-down menu. (Image 3).

				Workers Compensation
	Workers Compensation		Do you have employees?	No No
Do you have employees?	Yes		Workers' Compensation Policy	No Do you have a Workers' Compensation Policy. Select "No" if you
Unemployment Insurance Number	Unemployment # call: 651-296-6141			do not have a policy or are self-insured or are not required to carry workers' compensation. If you have additional work Comp questions, please contact DL/s work comp division at 651-284-5022.
Workers' Compensation Policy	Yes		Applicant Entity Employs *	SELECT ONE
	Do you have a Workers' Compensation Policy. Select "Ho" if you do not have a policy or are self-insured or are not required to carry workers' compensation. If you have additional Work Comp questions, please contact DLI's work comp division at 651-284- 5032.			Only independent contractors and no employees No independent contractors and no employees Independent contractors and exempt employees
	5052.	L		Only exempt employees

Next, complete the **Business Owner** information.

Create Business Owner Contractor Registration Business Entity	75%
	Create an entry for each Business Owner.
	Business Owner Relationship
Full legal Name 🛊	I
Percent Ownership *	Please enter your ownership percentage.
	H Back D Undo + Create

After entering the information of the owner, select the **+Create** button. To enter additional owners, select **+** in the upper left corner of the Pending - Business Owners screen (see image below).

Continue this process until all owners have been entered and a minimum of 75% of ownership has been disclosed.

Business Owners					
Contractor Registration Business En					
	75%				
After completing the fir	st Owner, click the green plus icon in the u	pper left corner of the ov	wner and officer box to continu	ue adding entries.	
🕒 🛑	😑 Pending	g - Business Owne	rs		
Name चू†	Relationship	Pct	Start Date	End Date	∞
	🗎 Discard	M Next			

Note: If the business is owned by a parent company, complete the Disclosure of Business Owners, Partners, Officers, and Member form. Once completed, submit this document with your file uploads when prompted. You may also email documents to <u>dli.register@state.mn.us</u>

Next, submit required documentation in the **Document Uploads** section.

Contractor Registration Business Entity
Please upload a single file with a copy of your MN Secretary of State active business filing, Certificate of Workers' Compensation Insurance, and Unemployment Account Number if you have employees. If you do not have the documents, select SKIP. This will delay the application review process.
Choose File No file chosen
File Limitations Size limited to: 30 MB Accepted Formats: .JPG, .JPEG, .TIFF, .TIF, .BMP, .PNG, .PDF, .MOV, .DOC, .DOCX
Discard M Skip M Next

Required documents

- Minnesota Secretary of State filing if doing business under a business name other than your first and last name.
- Minnesota Secretary of State filing if doing business under a DBA or assumed name.

If applicant has employees

- Certificate of Insurance for Workers' Compensation
- For Unemployment Insurance, submit a Letter of Determination from DEED (if a new business) or DEED Quarterly Statement (for established businesses).

Note: For out-of-state businesses, provide your state's unemployment insurance account information.

If you need to **skip** the document upload section, you may email the required paperwork to <u>dli.register@state.mn.us</u>. Please include your application number in the subject line.

Next, review the **Application Summary**.

Application Summary Contractor Registration Business Entity	958	
Please review the information	on you have provided for accuracy. On	ce completed, click "Submit".
Business Information Business Name Business Name LLC Address 1234 Way Street City, MN 55555 City, MN 55555	Contacts Con	Business Owners Joe Smith
Email Address businessname@bu Business Phone (555) 222-9999		
🥜 🔹 Requested Files	🗞 Files 🔹	🕝 🛢 Registration Information
Certificate of Publication for Assumed Name		Business Type * Limited Liability C Do you have emplo Yes
DEED Quarterly Statement		File Upload * Separate Files Individual Ownership No
Alinnesota Secretary of State		Publicly Traded No
Verification Document Minnesota Worker's Compensation		Q1 No
		Q2 No Q3 No
		ve More
Accepted Disclaimers		
Acknowledgement 06/13/2024		
	🖹 Discard 🕅 Submit	

Ensure that all details are correct. To make any changes use the Edit icon 🕝

When the application is ready to be submitted, click

Note: Please allow **two to three business days** before checking the status of your application during non-peak times and up to 30 days during the renewal period. If you registered as a user of iMS you will receive updates about your registration application.