



85 7th Place East, Suite 280, Saint Paul, MN 55101
 PHONE: 651-539-1500
 mn.gov/commerce

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APPROVED DENIED RETURNED

Reviewed By: _____ Date _____

Type: Appraiser Insurance Real Estate

ADDITIONAL COORDINATOR APPLICATION (NO FEE)	PROVIDER NUMBER	DATE PROCESSED
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Choose ONE license type per application

Appraiser License Education **Insurance** License Education **Real Estate** License Education

PROVIDER INFORMATION

Provider / School Name _____

Provider Location: Street _____ City _____ State _____ Zip _____

FEIN _____ Business Phone _____ Ext _____ Toll Free Number _____

Business General E-mail Address _____ Web Site Address _____

COORDINATOR INFORMATION – All Requested Information is Required.

FULL LEGAL NAME

Last Name _____ First Name _____ Middle _____

Social Security Number _____ DOB _____

Coordinator Business Address _____

City _____ State _____ Zip _____

Coordinator **Direct** Business E-mail Address _____

Coordinator **Direct** Business Phone _____ Ext _____ Toll Free Number _____

<https://www.revisor.mn.gov/statutes/cite/45/full#stat.45.31>

45.31 COURSE COORDINATOR.

Subd. 2. Approval.

(a) A person applying for approval as a course coordinator must:

(1) be qualified or have experience in the applicable subject matter of courses offered by the education provider or have experience in the administration of an education program; and

(2) make available upon request such records and data required by the commissioner to administer the provisions and further the purposes of this chapter.

(b) Coordinator approval may not be transferred to an individual who has not already been approved as an additional coordinator for the applicable license type for the providership in question. An individual must be approved as a coordinator by the commissioner before acting on behalf of an approved education provider.

<p>A Coordinator must meet one or both of the two qualifications listed below. Check at least one qualification; complete the requested information; attach required documentation.</p>	
<input type="checkbox"/> Applicant is qualified or has experience in the applicable subject matter of courses offered by this education provider	<p>Attach copy of:</p> <input type="checkbox"/> A resume and/or bio. Document(s) must show dates of experience. <input type="checkbox"/> A signed and dated experience verification letter from supervisor. The letter must show your dates of experience and be on business letterhead. It must also contain direct email contact information for the supervisor. <input type="checkbox"/> Other verifiable documentation of experience or qualification in the subject matter being offered.
<input type="checkbox"/> Applicant has experience in the administration of an education program	<p>(1) Attach copy of:</p> <input type="checkbox"/> A resume and/or bio; Document(s) must show dates of experience. <input type="checkbox"/> A signed and dated experience verification letter from supervisor. The letter must show your dates of experience and be on business letterhead. It must also contain direct email contact information for the supervisor. <p>(2) Complete the Following. Name and Location of Educational Institution where applicant was administrator (Street) _____ (City/State) _____</p> <p>Describe Educational Program _____ Title _____ (attach additional documentation as needed)</p> <p>Dates Employed from (mo/yr) _____ to (mo/yr) _____</p>

<p>All Licensing Education Coordinator applicants must answer the following questions. Answer YES if the applicant has ever:</p>		
1. Been affiliated with any License Education Provider as an owner, officer, manager, solicitor, or coordinator that has been approved, licensed, or registered in any state including Minnesota. If yes, you must attach a written explanation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Had any occupational, professional or vocational license or permit censured, suspended, revoked, canceled, terminated, or been the subject of any type of administrative action in any state including Minnesota. If yes, you must attach: a) a written statement, signed and dated by applicant, explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which establishes the resolution of the charges or any final judgment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Been owner, principal, officer, partner or owned stock in any company that has failed in business, made a compromise with creditors, or filed a bankruptcy petition or been declared bankrupt. If yes, attach written explanation signed and dated by applicant (including specific dates), list the company name(s), and attach copy of the company's bankruptcy disposition; this includes personal bankruptcies for individual proprietors.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Been charged, indicted, pleaded to, or convicted of any criminal offense in any Court. Include felonies, gross misdemeanors or misdemeanors. Do not include traffic violations less than felony. If yes, you must attach: a) a written statement, signed and dated by applicant, explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document which establishes the resolution of the charges or any final judgment, and d) if currently on probation, attach letter from probation officer stating your compliance with terms of probation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Is this Coordinator currently or previously licensed as an Appraiser, in Insurance, or in Real Estate in any state including Minnesota? If yes, submit the license type and license number, and attach verifiable documentation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PROVIDER APPLICANT CERTIFICATION & SIGNATURE I hereby certify that all of the information submitted in this application and attachments is true and complete, and that this document has not been altered in any manner from the form adopted by the Department of Commerce.

I further certify that the individual listed on this application as the individual coordinator has our complete authority and permission to act as the Minnesota education coordinator for our business entity.

**CORPORATION / LLC
SIGNATURE OF OFFICER**

(Other than Coordinator Applicant)

Authorized Officer's Signature (Mandatory)
Printed Name and Title
Date Signed

**PARTNERSHIP / LP / LLP
SIGNATURE OF PARTNER**

(Other than Coordinator Applicant)

General Partner's Signature (Mandatory)
Printed Name
Date Signed

**INDIVIDUAL PROPRIETOR
SIGNATURE of owner INDIVIDUAL**

Individual's Signature (Mandatory)
Printed Name
Date Signed

COORDINATOR APPLICANT CERTIFICATION & SIGNATURE

I certify that all of the information submitted in this application and attachments is true and complete, and that this document has not been altered in any manner from the form adopted by the Commerce Department.

Signature of Coordinator Applicant (Required)

Date



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BCA FORM

**Bureau of Criminal Apprehension
 Criminal Background Check**

THIS BCA FORM MUST BE COMPLETED AND SIGNED BY ALL APPLICANTS

Note: The definition of applicant in this case includes **ALL** of the following: individual education coordinators; all officials for the education provider business entity, including but not limited to, individuals, officers, partners, directors, governors, managing members, owners, and shareholders owning 10% or more of the stock.

Note: The definition of business entity in this case includes but is not limited to, Individual Proprietors, Corporations, Limited Liability Companies/Corporations (LLCs), Partnerships, Limited Partnerships (LPs), and Limited Liability Partnerships (LLPs), Non-Profits.

THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS.

TO: Bureau of Criminal Apprehension

(Only one individual per BCA form)

RE: Request for Criminal Background Check

PROVIDE PERSON'S COMPLETE LEGAL NAME	Please Print or Type
LAST NAME (if legal last name is hyphenated, enter both names here)	

FIRST NAME	MIDDLE NAME
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ADDITIONAL MIDDLE NAME (if applicable)	MAIDEN NAME (if applicable)	FORMER LAST NAME of OTHER NAME (if applicable)
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DATE OF BIRTH (mo/day/yr)	SOCIAL SECURITY NUMBER
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TYPE OF APPROVAL FOR WHICH YOU ARE APPLYING MINNESOTA PROFESSIONAL LICENSE EDUCATION PROVIDER and/or COORDINATOR APPROVAL
NAME OF THE COMPANY _____ COMPANY'S ASSUMED NAME (if applicable) _____ COMPANY'S STATE TAX IDENTIFICATION NUMBER _____ YOUR TITLE OR POSITION IN THE COMPANY _____

CERTIFICATION AND AUTHORIZATION:

- I, the undersigned, and/or my company, have made application to the Minnesota Department of Commerce for approval as a regulated professional license education provider/coordinator.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal apprehension to conduct a background check of me through their records for regulated professional license education provider/coordinator approval purposes.

 Signature (required)

 Date