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 PHONE: 651-539-1500
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APPROVED DENIED RETURNED

Reviewed By: _____ Date _____

Type: Appraiser Insurance Real Estate

STANDARD EDUCATION PROVIDER and COORDINATOR APPLICATION

PROVIDER NUMBER

DATE PROCESSED

Choose ONE license type per application and \$100 fee.

Appraiser License Education Insurance License Education Real Estate License Education

Application Fee: \$100 – Check #

PROVIDER INFORMATION

Provider / School Name _____

Assumed Name (if different than line above) _____

Provider Location: Street _____ City _____ State _____ Zip _____

Mailing Address: Street _____ City _____ State _____ Zip _____

FEIN _____ Business Phone _____ Ext _____ Toll Free Number _____

Business General E-mail Address _____ Web Site Address _____

Note: If Provider will do business in Minnesota under any name other than the exact legal individual name or exact legal business entity name filed with the Minnesota Secretary of State, attach a copy of the Certificate of Assumed Name filed with the Minnesota Secretary of State. The Certificate of Assumed Name must show that the name entered on line one above owns the name listed as the Assumed Name entered on line two above.

Business Entity Details and Documentation

Check One:

Individual Proprietorship Corporation Limited Liability Company/Corporation (LLC) Partnership
 Limited Partnership (LP) Limited Liability Partnership (LLP) Other Business Entity _____

Note: Non-Profit business entities must also check corresponding box above.

Is this a Foreign Business Entity (organized in another state)? No Yes; list state _____ (See #3 below)

Attach the following supporting business entity documentation:

- Completed "Disclosure of Owners, Partners, Officers" form included with this application.
- Completed "BCA" form for Coordinator and all individuals listed on "Disclosure" form.
- Copy of Certificate of Authority to transact business in Minnesota, if application is for a business entity not organized and filed in Minnesota. (example: a non-resident / foreign corporation). Must be a "filed" Minnesota Secretary of State copy. Can be obtained at www.sos.state.mn.us.
- Copy of the currently filed business entity W-9 form.
- Current copy of documentation for non-profit filing (if non-profit).
- Copy of Partnership Agreement signed and dated by all partners and Minnesota-filed copy of Certificate of Assumed Name Worksheet.

COORDINATOR INFORMATION – All Requested Information is Required.

FULL LEGAL NAME

Last Name _____ First Name _____ Middle _____

Social Security Number _____ DOB _____

Coordinator Daytime Business Address _____

City _____ State _____ Zip _____

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

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

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>	<p>Attach copy of:</p> <p><input type="checkbox"/> A resume and/or bio. document(s) must show dates of experience.</p> <p><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> <p><input type="checkbox"/> Other verifiable documentation of experience or qualification in the subject matter being offered.</p>
<p><input type="checkbox"/> Applicant has experience in the administration of an education program</p>	<p>(1) Attach copy of:</p> <p><input type="checkbox"/> A resume and/or bio. Document(s) must show dates of experience.</p> <p><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> <p>(2) Complete the following.</p> <p>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>

<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.

All Licensing Education, Provider, and Coordinator applicants must answer the following questions.

Note: The definition of applicant includes ALL of the following: Individual coordinator; Provider owners, individual proprietors, partners, officers, directors, governors, managing members, and/or any shareholders owning 10% or more of the stock.

Answer YES if the Applicant has ever:

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. Attach explanation if, Yes.	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/was, this provider, currently/previiously, ever licensed as an Appraiser, in Insurance, or in Real Estate, in any state including Minnesota. If yes, submit the license type, license number, FEIN, and state, and attach verifiable documentation for each.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Is this provider currently one of the following in Minnesota? <input type="checkbox"/> Bona fide Appraiser, Insurance, or Real Estate trade association; <input type="checkbox"/> Degree-granting institution; <input type="checkbox"/> Private school. If yes, submit details and 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

DISCLOSURE FORM

OWNERS, PARTNERS, OFFICERS

For Minnesota License Education Providers

License Education Provider Business Entity Name

FEIN

(Print or Type)

Business Structure	Instructions
<input type="checkbox"/> Individual Proprietor	Provide name and address of the Owner. If industry-licensed (present or past) as an individual, provide license details.
<input type="checkbox"/> Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership	Provide name and address of all Partners and their percent of Ownership. If industry licensed (present or past) as an individual or business entity, provide license information for each partner.
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company	Provide name and address of all Officers, Owners, and Members regardless of the % of ownership , plus any Shareholders owning 10% or more of the stock. If any Officer/Owner/Member/Shareholder holds (held) an industry license as an individual or business, provide license information.
<input type="checkbox"/> Non-Profit - Must also check corresponding business structure box above	Note: Non-Profit business entities must also list below all individuals required in the instructions above for their corresponding business structure.

If any listing below is another business entity you must attach a Disclosure form for "each" subsequent business entity.

Attach additional sheets if necessary to disclose all owners, individual proprietors, partners, officers, members, and any individual industry license information.

Name		Prof License Type		License #
Business / Daytime Address		City/State/Zip	Issuing State	Date Issued Date Term'd
Title & Ownership <i>(check all that apply)</i>	<input type="checkbox"/> Indiv Prop <input type="checkbox"/> Corporate Officer (% of Ownership ____ % Title: _____) <input type="checkbox"/> Shareholder (% of Ownership: ____ %)			
	<input type="checkbox"/> LLC Owner / Member (% of Ownership ____ % Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner (% of Ownership ____ %)			
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Business / Daytime Address		City/State/Zip	Issuing State	Date Issued Date Term'd
Title & Ownership <i>(check all that apply)</i>	<input type="checkbox"/> Indiv Prop <input type="checkbox"/> Corporate Officer (% of Ownership ____ % Title: _____) <input type="checkbox"/> Shareholder (% of Ownership: ____ %)			
	<input type="checkbox"/> LLC Owner / Member (% of Ownership ____ % Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner (% of Ownership ____ %)			
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Title & Ownership <i>(check all that apply)</i>	<input type="checkbox"/> Indiv Prop <input type="checkbox"/> Corporate Officer (% of Ownership ____ % Title: _____) <input type="checkbox"/> Shareholder (% of Ownership: ____ %)			
	<input type="checkbox"/> LLC Owner / Member (% of Ownership ____ % Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner (% of Ownership ____ %)			
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Title & Ownership <i>(check all that apply)</i>	<input type="checkbox"/> Indiv Prop <input type="checkbox"/> Corporate Officer (% of Ownership ____ % Title: _____) <input type="checkbox"/> Shareholder (% of Ownership: ____ %)			
	<input type="checkbox"/> LLC Owner / Member (% of Ownership ____ % Title: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner (% of Ownership ____ %)			

CERTIFICATION: I certify that all of the information above is true and complete, and that this document has not been changed in any manner from the form adopted by the Department of Commerce.

Printed Name

Signature

Title

Date

Signer Must be Owner/Partner/Officer/Member of above Business Entity

If any listing above is another business entity you must attach a Disclosure form for "each" subsequent business entity.



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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

ADDITIONAL MIDDLE NAME (if applicable)

MAIDEN NAME (if applicable)

FORMER LAST NAME of OTHER NAME (if applicable)

DATE OF BIRTH (mo/day/yr)

SOCIAL SECURITY NUMBER

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