

Minnesota Department of Human Rights
 ATTN: Office of Equity and Inclusion for Minnesota Businesses
 540 Fairview Ave N
 Suite 201
 Saint Paul MN 55104
 Email: compliance.MDHR@state.mn.us

Equal Pay Certificate Application

Company Name			
Company Legal Name:		DBA Name:	
Vendor # (if known):			
Address Information			
Physical Address: (must be a street address, PO Box only is not acceptable)			
City:	County:	State:	Zip Code:
Mailing Address: (if different from physical address)			
City:	County:	State:	Zip Code:
Contact Information			
Company Contact Name:		Company Contact Title:	
Company Contact Telephone:		Company Fax:	
Company Contact Email:		Company Website URL:	

Enclosed is our application fee of \$150, made payable to the "Minnesota Department of Human Rights." Please note "Equal Pay Certificate" in the check memo.

Or

We have submitted our application fee of \$150 online. Confirmation #:

- We are in compliance with Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Minnesota Human Rights Act, and the Minnesota Equal Pay Act for Equal Work Law.

- The average compensation for female employees is not consistently below the average compensation for male employees, taking into account mitigating factors, within each of the major job categories in our EEO-1 report. If we are not required to file an EEO-1 report, taking into account mitigating factors, the average compensation for female employees is not consistently below the average compensation for male employees within our organization.
- We make retention and promotion decisions without regard to gender, nor do we limit employees based on gender to certain job classifications.
- We promptly correct wage and benefit disparities.
- We evaluate wages and benefits to ensure compliance with the above identified laws every:
 - Year
 - Two years
 - Three years
 - Other, please specify
- In determining our employee compensation we use (check all that apply):
 - Market pricing approach
 - State prevailing wage or union contract requirements
 - Performance pay system
 - An internal analysis
 - Other method (please specify)

In signing below, **I affirm that I am the Board Chairperson or Chief Executive Officer** and that all of the information and statements submitted in this application, including both pages of this form, and its attachments, to the best of my understanding, is accurate and complete.

Signature Print Name Date

Please print and sign before returning application the Department.