Establishment Change Form

Agency Name _____

Agency Code __ __ __

Action: *Check one*:
- ❒ New Establishment
- ❒ Change to Existing Establishment
- ❒ Inactivate Existing Establishment

ESTABLISHMENT ID   __ __ __ __ __

EFFECTIVE DATE   ____/____/____

ESTABLISHMENT NAME   __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

(Start name with agency acronym. For example, DNR-, DOT-)

__ __ __ __ __ __ __ __ __ __ __ __ *(30 characters maximum)*

SETID   __ __ __ **M N**

REGULATORY REGION   **U S A**

COMPANY   **S M N**

COUNTRY   **U S A**

STREET (Line 1)   __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

__ __ __ __ __ __ __ __ __ __ __ *(30 characters maximum)*

STREET (Line 2)   __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

__ __ __ __ __ __ __ __ __ __ __ *(30 characters maximum)*

STATE   __ __

CITY   __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

ZIP (Suffix optional)   __ __ __ __ __ - __ __ __ __

SIC CODE   __ __ __ __

CONTROLLING ESTAB ID   **S T A T E**

DOES THIS ESTABLISMENT EMPLOY APPRENTICES?   ❒ Yes   ❒ No

Name of person completing this form   _____

Phone   _____

Table Administrator Signature   _____

Return form to MMB, 658 Cedar Street, Centennial Building, St. Paul, MN 55155 or fax to (651) 797-1341. If you have questions about this form, call Colleen Norring at (651) 259-3634.

For MMB Use: Update Location Table ❒

Establishment Change Form Instructions

Agency Name – Agency Name

Agency Code – 3 character agency code (Example: G10, T79, etc)

Action – Check the appropriate box.

Establishment ID – 5 character code. The code assigned by the agency to identify the establishment.

Effective Date – Effective date of the action.

Establishment Name – 30 character maximum field. The name of the establishment that should appear on SEMA4 pages and reports. This description should be unique. (Start name with agency acronym. For example DNR, DOT.)

Street (Line 1) – 30 character field. Actual mail delivery address. (Example: 658 Cedar Street)
Street (Line 2) – 30 character field. For multiple line addresses place the street or mail delivery address (658 Cedar Street) on this line and the less important information (Example: 400 Centennial Office Bldg.) on line 1.

City – 30 character field.

State – 2 character field.

Zip – 9 character field. The location zip code, the 4 character zip code suffix is optional.

SIC Code – 4 character Standard Industrial Code. To find a list of valid SIC codes, from Home select:

>   Set Up HRMS
>   Product Related
>   Workforce Monitoring
>   Health and Safety
>   SIC Code Table

No additional entry is necessary just click on Search and the valid SIC codes with their decriptions will be displayed.

Does This Establishment Employ Apprentices? – Check yes if your establishment employees apprentices. An apprentice is someone who is learning a trade or occupation.

Name of Person Completing This Form – The person to contact if we have questions about information entered on this form.

Phone – The phone number (including area code) of the person who completed the form.

Table Administrator Signature – Authorized Signature of designated table administrator.