

11. E-mail _____

12. Minnesota Tax #: _____
(Required by MN Statutes, §270C.72)

13. Workers Compensation Insurance (Complete A OR B):

A. Insurance Company _____ Policy Number _____

B. If not required as stipulated in MN Statutes §176, state why the company is not liable _____

I declare that all the information I have provided is true and complete and that I have read and understand the department's "Tennessee Warning." The Tennessee Warning is available by calling 651-201-4620 or from the department's website at <http://www.health.state.mn.us/divs/eh/asbestos/forms/index.html>. I understand that submitting false information is grounds for denying, suspending, revoking or taking other disciplinary action against my permit as specified in Minnesota Statute §144.992.

Signature: _____ Date: _____

To obtain a copy of this document in an accessible format (electronic ASCII text, Braille, large print, or audio), please call 651-201-4620. Consumers with hearing or speech disabilities may reach us by calling MDH TTY at 651-201-5797.