

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)		LICENSE OR PERMIT NO (if applicable)	
DAKOTA COUNTY TECHNICAL COLLEGE (DCTC)			
DBA (doing business as name) (if applicable)			
DAKOTA COUNTY TECHNICAL COLLEGE (DCTC)			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
1300 EAST 145TH STREET	ROSEMOUNT	MN	55068

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

SELF-INSURED PROGRAM ADMINISTERED BY: STATE OF MN/DEPT OF ADMIN - RISK MANAGEMENT DIV

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
N/A	07/01/2011	07/01/2012

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☒ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

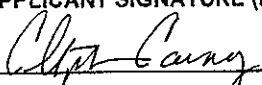
I am not required to have workers' compensation insurance coverage because:

- ☐ I have no employees.
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

☐ Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
	Accounting Officer	10/28/11

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-6354 (DIAL-DLI) Voice or TDD (651) 297-4198.



Risk Management Division
Centennial Office Building
658 Cedar Street
St. Paul, Minnesota 55155
Phone: (651) 201-3030
Fax: (651) 297-7715
TTY: (800) 627-3529

October 28, 2011

Dakota County Technical College (DCTC)
Attn: Christopher Carney
1300 East 145th Street
Rosemount, MN 55068

RE: Certification Regarding Workers' Compensation Coverage

Chris,

This is to certify that Dakota County Technical College (DCTC), as a part of the Minnesota State Colleges and Universities (MnSCU), is an agency of the State of Minnesota and is self-insured like all other state agencies with respect to its workers' compensation coverage.

The Department of Administration, through its Risk Management Division, handles the administration, payment and defense of this agency's workers' compensation claims pursuant to Minnesota Statute 176.541. Payment of any claim would be made from the State Compensation Revolving Fund pursuant to Minnesota Statute 176.591.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Westman".

Gary Westman, Manager
Workers' Compensation Program
Risk Management Division
(651) 201-3030
gary.westman@state.mn.us