

R-24

Application for: (check one)

- Registration
 Renewal of Registration

As Organization Approved for the Employment of Qualified Rehabilitation Consultant/Independent

Please PRINT or TYPE. SEE MINN. RULES 5220.1600, SUBP. 2.D.

QRC FIRM NAME			
ADDRESS (where certified mail can be delivered)		TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	CHIEF EXECUTIVE OFFICER OR MANAGER NAME

QRC FIRM NUMBER (for renewal applications only)	EXPIRATION DATE
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Check all that apply:

public
 private
 profit
 nonprofit
 corporation incorporated _____
(date) (state)
 private individual not incorporated

M.S. § 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 activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation coverage requirement. The following information is therefore required.

WORKERS' COMPENSATION INSURANCE CARRIER NAME	POLICY NUMBER
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(or)

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

- I have no employees.
- I am self insured (include permit to self insure).
- I have no employees who are covered by the Workers' Compensation Law. (These include: spouse, parents, children.)

(FOR NEW APPLICATIONS FOR REGISTRATION ONLY)

1. Have you previously applied for registration as a Rehabilitation Provider in Minnesota or any other state?
 Yes No If yes, indicate your identification number _____
2. State what experience and qualifications you have in workers' compensation vocational rehabilitation as it relates to the services you provide. Attach any supportive data, resume, list of activities or other information that may assist in evaluating this application for registration as a Qualified Rehabilitation Consultant (QRC) Firm.
3. If currently licensed, certified, approved or accredited by any public or private body, indicate name, address, licensure number if appropriate, expiration date; if more than one certification or accreditation, list them all:

THE FOLLOWING INFORMATION IS REQUIRED OF BOTH NEW AND RENEWAL APPLICATIONS.

1. List names and titles of management staff. (Attach resumes of those hired from outside your organization since last registration approval.)
2. List **ALL** office addresses and telephone numbers of each branch of the QRC firm. (Attach additional sheets if necessary.)
3. List alphabetically the names and job titles of **ALL** personnel at each address. (Attach additional sheets if necessary.)
4. Complete the attached Tax Notice form.
5. Enclose a check for \$200.00 made payable to the Commissioner of Labor and Industry.

I have read Minn. Rules 5220.1600, subp. 1 regarding the criteria for approval as a QRC Firm. I authorize the Workers' Compensation Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation may result in rejection or revocation of registration. I understand that Minn. Rules 5220.1250 prohibits any ownership or financial relationship of any kind with a Registered Rehabilitation Vendor. I hereby agree to be bound by all statutes, rules and orders as established by the Commissioner, and realize that violations may result in revocation of registration.

NAME	TITLE
SIGNATURE	DATE
NOTARY	MY COMMISSION EXPIRES

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5036 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4198.