

Point of Sale



City of Robbinsdale

Application For Certified Evaluator

4100 Lakeview Ave N, Robbinsdale, MN. 55422 763-537-4534

www.robbinsdalemn.com

To obtain a Robbinsdale Certified Evaluator Certificate, please complete the sections below:

Section I – Applicant Data			
Name of Evaluator:	Email Address:		
Address:	City:	State:	ZIP:
Telephone Number:	Fax Number:		
Section II – Evaluator Proof of Competency			
Please attach a copy of your Truth-In-Housing Certificate or ID Card from the City of Minneapolis, City of St. Paul, or City of Bloomington. <input type="checkbox"/> City of Minneapolis Competency Certificate <input type="checkbox"/> City of St. Paul competency Certificate <input type="checkbox"/> City of Bloomington competency Certificate	Name of Holder:		
	Number:		
	Expiration Date:		
Section II – Proof of Insurance			
Please provide proof of the following: 1. Proof of Workers' Compensation Insurance if applicable. 2. Proof of General Liability Insurance meeting city requirements: <ul style="list-style-type: none">• Minimum limit of liability of \$250,000.			
3. Proof that the City of Robbinsdale is named as an insured on the above insurance policies and that the insurance is maintained continuously in force.			
4. A signed copy of the Code of Ethics.			
Application Fee			
<input type="checkbox"/> \$25.00 per year (please make checks payable to the City of Robbinsdale)			
<i>I hereby certify that I have read and examined this application and know the same to be true and correct.</i>			
Signature of Applicant		Date:	
OFFICE USE ONLY			
Date Received:	Received by:	Receipt Number:	