



E-mail: [DLI.BusinessLicense@state.mn.us](mailto:DLI.BusinessLicense@state.mn.us)  
 Web Site: [www.dli.mn.gov/cld.asp](http://www.dli.mn.gov/cld.asp)  
 Phone: (651) 284-5034

**Plumbing Registration  
 Backflow Prevention Rebuilder  
 Backflow Prevention Tester**

**NEW REGISTRATION**

**Registration Fees = \$33.00**

**MAKE CHECK OR MONEY ORDER PAYABLE TO:  
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

**REGISTRATION FEES ARE NONREFUNDABLE**

**Depositing of registration fee does not constitute  
 acceptance and final registration.**

- Backflow Prevention Rebuilder**  
 (Minnesota plumbing license required)
- Backflow Prevention Tester**  
 (Minnesota plumbing license not required)

**PRINT IN INK OR TYPE  
 MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS**

SPACE IN BOX FOR OFFICE USE ONLY	
Account Number 632441	STK B42PLUMLIC
Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
<b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	
APPLICATION NUMBER:	REGISTRATION NUMBER:

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your Social Security Number and non-designated address, becomes public data and may be released to anyone upon request.

SOCIAL SECURITY NUMBER		DATE OF BIRTH	
LAST NAME		FIRST NAME	MIDDLE INITIAL
RESIDENTIAL ADDRESS	CITY	STATE ZIP CODE	TELEPHONE NO
Is the residential address a non-designated (Private) address? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , you must provide a designated (Public) address.			
DESIGNATED (Public) ADDRESS	CITY	STATE ZIP CODE	TELEPHONE NO

**Reduced Pressure Backflow Prevention Certification Program (choose one)**

- I completed a reduced pressure zone backflow certification program prior to January 1, 2012 and was issued a backflow RPZ tester unlimited card or backflow RPZ tester card by the Department of Labor and Industry. I request approval of this application based upon my previously issued card. Enclosed is a copy of the department issued card or certificate issued to me by the certification program.
- I request approval of this application after successfully completing the reduced pressure zone backflow certification program identified below. Enclosed is a copy of the certificate issued to me by the certification program.

CERTIFICATE PROGRAM NAME	DATE CERTIFICATE PROGRAM COMPLETED
CERTIFICATE PROGRAM SPONSOR NAME	CERTIFICATE SPONSOR TELEPHONE NO
APPLICANT SIGNATURE	DATE

**This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198**