

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing / Plumbing
 PO Box 64222
 St. Paul, MN 55164-0222



CC0506

Email: dli.license@state.mn.us
 Website: www.dli.mn.gov/ccld.asp
 Phone: (651) 284-5031
 TTY/MRS: (651) 297-4198

Unlicensed Individual - Plumbing Registration Application / Renewal

**PAID APPLICATION FEE IS NOT REFUNDABLE
 CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

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

SPACE IN BOX FOR OFFICE USE ONLY

SELECT YOUR FORM OF REGISTRATION:

- New Registration** **\$19.00**
- Renew Registration (not expired)** **\$19.00**
- Renew Registration (expired)** **\$24.00**
- Reinstate Registration (expired over 12 mo)** **\$19.00**

Account Number 632439 **STK** B42PLUMLIC

Check Number **Amount Paid**

PCK **CCK** **MO** **DLI Deposit Date**

NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for non-payment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.

If you are or were registered as a plumber's apprentice or an unlicensed individual for plumbing in the past, provide your registration number. **REGISTRATION NUMBER**

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

APPLICATION NUMBER:

NEW REGISTRATION

Individuals performing plumbing work without a Minnesota plumber's license must be registered as an unlicensed individual. Select New Registration if you have never been previously registered as a plumber's apprentice or unlicensed individual.

RENEW REGISTRATION

Individuals who have a registration that is current or has been expired for less than 12 months may renew the registration. Renewing a registration prevents the loss of accrued work experience. **A late fee of \$5.00 is required for late renewals (received after expiration).**

REINSTATE REGISTRATION

Unlicensed individuals performing plumbing work may reinstate a registration that has been expired for more than 12 months. Accrued work experience during the unregistered period is lost and may not be applied toward licensure. **No late fee is required.**

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 (MM/DD/YYYY)	AREA CODE & PHONE NUMBER	E-MAIL ADDRESS
LEGAL LAST NAME		SUFFIX (JR, SR, II, III)	LEGAL FIRST NAME
LEGAL MIDDLE NAME		RESIDENTIAL ADDRESS	
PUBLIC MAILING ADDRESS (if different from residential address)		LEGAL MIDDLE NAME	
CITY NAME	STATE	ZIP CODE	CITY NAME
			STATE
			ZIP CODE

Is the Residential address above a non-designated (private) address? Yes No If **yes**, then you must provide a designated (Public) mailing address.

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



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Registered Unlicensed Plumber Work Experience Verification Form

Registered Unlicensed Individual: _____ Registration Number: _____ SSN – Last 4 Only: _____ Registration Period From: _____ To: _____	(DLI Office Use) (Date Received ONLY)
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To renew a registration, unlicensed individuals must provide verification of their employment by a licensed contractor or registered employer for the registration period. Verification information required includes: name, address, and phone number of the employer, registered individual's dates of employment with the employer, class of work performed; and hours worked. The information provided on this form is public data and shall be used to qualify the registered unlicensed individual for an applicable license exam. **Individuals with multiple employers during the reporting period must make copies of the form and have each employer complete a separate verification.**

PRINT IN INK or TYPE

EMPLOYER NAME	LICENSE / REGISTRATION NUMBER
EMPLOYER ADDRESS	PHONE NUMBER
CITY STATE ZIP CODE	EMAIL ADDRESS
RESPONSIBLE INDIVIDUAL (LICENSE CLASS: PM, MR)	RESPONSIBLE INDIVIDUAL LICENSE #

Qualifying work experience is verified based on a 12-month registration period. Actual hours must be reported by Class of Work performed by the registered individual. Blanks will be recorded as 0 hours. No more than a total of 2,000 qualifying hours may be reported per 12-month registration period. Hours reported on this form must be supported by records maintained by the employer for demonstrating compliance. Knowingly providing inaccurate or fraudulent information may constitute a violation and subject the violator to a civil penalty of up to \$10,000.

Dates of Employment between Start Date and End Date FROM: _____ TO: _____	Are the hours reported on this form taken from payroll records? <input type="checkbox"/> YES <input type="checkbox"/> OTHER (specify) _____
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Class of Work	Hours Worked
WATER SERVICE AND SEWER INSTALLATION	
WATER DISTRIBUTION INSTALLATION	
DRAIN, WASTE, AND VENT INSTALLATION	
FIXTURE INSTALLATION	
MAINTENANCE AND REPAIR OF PLUMBING	
TOTAL OF ALL QUALIFYING HOURS WORKED (Maximum of 2,000 hours)	

Form must be signed by the designated Responsible Person and Registered Unlicensed Individual.

I certify that I personally know or that the employer's employment records verify that this registered unlicensed individual, during the referenced registration period, engaged in the identified classes of work for the number of hours shown. The Registered Unlicensed Individual's signature acknowledges agreement with the information provided on this form.

RESPONSIBLE PERSON'S SIGNATURE	DATE SIGNED	REGISTERED INDIVIDUAL'S SIGNATURE	DATE SIGNED
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INSTRUCTIONS

READ CAREFULLY BEFORE COMPLETING THIS FORM

Employer must complete the Work Experience Verification Form.

WORK EXPERIENCE VERIFICATION FORM REQUIRED

Registered unlicensed individuals, as part of renewing their registration, must provide verification of their employment by a licensed contractor or registered employer during the registration period. This form reports the verified hours and is adapted for use by unlicensed individuals registered to perform electrical, plumbing, and high pressure pipefitting work. The reason for verifying work hours each year along with renewing a registration is so the registered individual does not have to verify these hours when applying for a license examination. Verifying hours annually when renewing a registration enables the department to gradually qualify an individual for examination, which makes for quicker approvals.

Registered Unlicensed Individual

- Registration information is pre-printed on the form for the registered individual.
- The work period being verified is the 12-month registration period printed on the form.
- Address information printed on the form is the unlicensed individual's mailing address. Updates to the individual's personal or mailing address may be noted on the registration renewal form. Address changes may also be made using a form available online at www.dli.mn.gov/cclld.asp.

Employer Information (mandatory information)

- Enter the employer's business name, address, license or registration number, contact's phone number, and email address. (NOTE: License number is mandatory, if business holds contractor license number.)
- Enter the employer's designated responsible individual's name and license number. The individual's license number must match what the department has on record as the designated responsible individual and license number.

Unlicensed Individual's Work Experience

- Provide exact dates of employment during the 12-month registration period (see dates printed on the verification form). Include the month, day, and year.
- Indicate whether the hours reported on the form are taken from payroll records; and if not, specify the other forms of documentation used to verify the individual's work experience.
- For each class of work identified, enter the actual hours the individual performed that class of work during the registration period. (Note: Blanks will be assigned 0 hours.)
- Enter the total number of electrical work hours verified, which may not exceed 2,000 hours.

Certification Signature and Date

- The employer's designated responsible individual must certify, with a signature, that the registered unlicensed individual performed the identified classes of work for the number of hours entered on the form during the 12-month registration period.
- The registered unlicensed individual's signature on the form acknowledges agreement with the information verified by the employer.

QUALIFYING FOR A LICENSE EXAMINATION

Work verification is for the following license classifications, which require a minimum number of months/hours qualifying work experience to become licensed. Detailed information on qualifying for a license exam is available at www.dli.mn.gov/cclld.asp.

<u>License Class</u>	<u>Law (Rule)</u>	<u>Requirement</u>	<u>Minimum Requirements</u>
Journeyman Class A Electrician	326B.33 (3800.3520)	48 Months (8,000 hours)	2 years electrical installation
Journeyman HPP Pipefitter	326B.921 (5230.0080)	4 Years (8,000 hours)	4 years HPP work
Journeyman Plumber	326B.46 (4716.0020)	7,000 hours	2000 hours water distribution 2000 hours drain, waste, vent 1000 hours fixture installation
Journeyman Elevator Constructor	326B.33 (3800.3520)	36 Months (6,000 hours)	1 year elevator installation
Maintenance Electrician	326B.33 (3800.3520)	48 Months (8,000 hours)	2 years electrical maintenance
Power Limited Technician	326B.33 (3800.3520)	36 Months (6,000 hours)	1 year technology installation