



CC0506

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

Individual Plumber License Examination Application

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

Application Fee = \$50.00

<p>MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY</p>	<p>SPACE IN BOX FOR OFFICE USE ONLY</p>	
<p>SELECT THE LICENSE YOU ARE APPLYING FOR:</p> <p><input type="checkbox"/> Master Plumber <input type="checkbox"/> Water Conditioning Master</p> <p><input type="checkbox"/> Journeyman Plumber <input type="checkbox"/> Water Conditioning Journeyman</p>	<p>Account Number 632441 632444</p> <p>Check Number</p> <p><input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO</p> <p>NOTICE: 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.</p>	<p>S T B42PLUMLIC K B42WCLIC</p> <p>Amount Paid</p> <p>DLI Deposit Date</p>
<p>Is this a license exam retest? <input type="checkbox"/> Yes If Yes, submit application form only. <input type="checkbox"/> No</p>		
<p>PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS</p>	<p>APPLICATION NUMBER:</p>	<p>LICENSE NUMBER:</p>

<p>REGISTERED / LICENSED INDIVIDUAL</p> <p><input type="checkbox"/> Registered Minnesota apprentice <input type="checkbox"/> Minn. unlicensed registered individual <input type="checkbox"/> Currently licensed in another state or legal jurisdiction (exam required – enclose copy of license)</p>	<p>WORK EXPERIENCE</p> <p><input type="checkbox"/> Qualify for master license as holder of a Minnesota journeyman license for at least 12 months (affidavit required)</p>	<p>LICENSED RESTRICTED MASTER PLUMBER</p> <p><input type="checkbox"/> Qualify for Master Plumber's license with five (5) years verified experience in business as a plumbing contractor.</p>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MN LICENSE NUMBER</td> <td style="width: 50%;">ORIGINAL ISSUE DATE</td> </tr> </table>	MN LICENSE NUMBER	ORIGINAL ISSUE DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MN LICENSE NUMBER</td> <td style="width: 50%;">ORIGINAL ISSUE DATE</td> </tr> </table>	MN LICENSE NUMBER	ORIGINAL ISSUE DATE
MN LICENSE NUMBER	ORIGINAL ISSUE DATE					
MN LICENSE NUMBER	ORIGINAL ISSUE DATE					
<p>STATE(S) AND REGISTRATION / LICENSE NO.</p>	<p><input type="checkbox"/> Qualify for licensure by meeting the minimum work experience requirements for the selected license. If not registered as an unlicensed individual with DLI, submit the plumbing work experience verification form with the application.</p>	<p>U.S. MILITARY PLUMBING WORK EXPERIENCE</p> <p>Applicants may apply their plumbing work experience in the U.S. Armed Forces toward qualifying for a plumber license.</p> <p><input type="checkbox"/> DD-214 and supporting documentation</p>				

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)	
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)
----------------------------	---------------------------------

INSTRUCTIONS

READ CAREFULLY BEFORE COMPLETING THIS FORM

Employer must complete the Work Experience Verification Form.

WORK EXPERIENCE VERIFICATION FORM REQUIRED

Applicants for licensure and examination must provide verification of their employment and qualifying work experience. This form reports the verified hours and is adapted for use by individuals performing electrical, plumbing, and high pressure pipefitting work. Verification of hours enables the department to qualify an individual for examination.

Applicant

- Enter the applicant's Legal Name and last four (4) digits of Social Security Number.
- Select the applicable license and examination for which the verification is to be applied (choose only one).

Employer Information (mandatory information)

- Enter the employer's business name, address, license or registration number (if the employer is from out of state, no license number should be provided), contact's phone number, and email address. (NOTE: License number is mandatory, if business holds contractor license number in Minnesota.)
- Enter the employer's designated responsible individual's name and license number. For contractors and businesses holding a Minnesota license or registration, the individual's license number must match what the department has on record as the designated responsible individual and license number for the employer.

Applicant's Work Experience

- Provide exact dates of employment being verified. Include the month, day, and year (MM/DD/YYYY).
- 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 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 applicant performed the identified classes of work for the number of hours entered on the form during identified employment period.
- The applicant'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/ccld.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)	2years electrical maintenance
Power Limited Technician	326B.33 (3800.3520)	36 Months (6,000 hours)	1 year technology installation