

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



CC0506

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

Individual Water Conditioning 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"/> Water Conditioning Master</p> <p><input type="checkbox"/> Water Conditioning Journeyman</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Account Number 632444 </td> <td style="width: 40%;"> STK B42WCLIC </td> </tr> <tr> <td> Check Number </td> <td> Amount Paid </td> </tr> <tr> <td> <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO </td> <td> DLI Deposit Date </td> </tr> <tr> <td colspan="2"> <p>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.</p> </td> </tr> </table>	Account Number 632444	STK B42WCLIC	Check Number	Amount Paid	<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date	<p>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.</p>	
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<p>Is this a license exam retest? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, application form only. No verification form needed.</p>	<p>APPLICATION NUMBER:</p>								
<p>PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS</p>	<p>MASTER LICENSE QUALIFICATIONS</p> <p><input type="checkbox"/> I qualify with at least 12 months experience in planning and supervising the installation and servicing of water equipment (attach verification form).</p>								
<p>JOURNEYMAN LICENSE QUALIFICATIONS</p> <p><input type="checkbox"/> I qualify with at least 6 months experience in the field of water conditioning installation and servicing (attach verification form).</p>	<p>MASTER LICENSE QUALIFICATIONS</p> <p><input type="checkbox"/> I qualify with at least 12 months experience in planning and supervising the installation and servicing of water equipment (attach verification form).</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
CITY NAME	STATE	ZIP CODE	CITY NAME
Is the Residential address above a non-designated (private) address?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , then you must provide a designated (Public) mailing address.		
APPLICANT SIGNATURE			DATE SIGNED (MM/DD/YYYY)

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.



CC0100

Water Conditioning Work Experience Verification Form

LICENSURE AND EXAM APPLICATION ONLY

Applicant's Legal Name: _____	SSN: (Last 4 Only) _____	(DLI Office Use) (Date Received ONLY)
License Type: <input type="checkbox"/> Water Conditioning Master <input type="checkbox"/> Water Conditioning Journeyman		

To apply for licensure and examination, the applicant must provide verification of their employment and qualifying work. Verification information required includes: name, address, and phone number of the employer, applicant'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 individual identified above for licensure and examination. **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 (responsible for applicant's work for employer)			TITLE

Actual hours must be reported by Class of Work performed by the individual applicant. Blanks will be recorded as 0 hours. No more than a total of 1,750 qualifying hours may be reported per 12-month 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 CONDITIONING INSTALLATION PLANNING	
WATER CONDITIONING INSTALLATION SUPERVISION	
WATER CONDITIONING SYSTEM INSTALLATION	
WATER CONDITIONING SYSTEM SERVICING	
TOTAL OF ALL QUALIFYING HOURS WORKED (Maximum of 1,750 hours)	

Form must be signed by the designated Responsible Person and Applicant.

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

RESPONSIBLE PERSON'S SIGNATURE	DATE SIGNED	APPLICANT'S SIGNATURE	DATE SIGNED
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