

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification / Plumbing  
 443 Lafayette Road North  
 St Paul, MN 55155



Mailing Address:  
 P.O. Box 64217  
 St. Paul, MN 55164-0217

Email: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Website: <http://www.dli.mn.gov/ccld.asp>  
 Phone: (651) 284-5031

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

New \$28.00     Renewal \$28.00     Renewal Late \$38.00

**REGISTRATION FEE IS NONREFUNDABLE  
 CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

**SPACE IN BOX FOR OFFICE USE ONLY**

Registrations are not renewable prior to 60 days before expiration.  <input type="checkbox"/> Backflow Prevention Rebuilder (Minnesota plumbing license required)  <input type="checkbox"/> Backflow Prevention Tester (Minnesota plumbing license not required)  <b>* A late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3</b>	<b>Account Number 632441</b> <b>STK B42PLUMLIC</b>	
	<b>Check Number</b> <b>Amount Paid</b>	
	PCK      CCK      MO	<b>DLI Deposit Date</b>
	<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.	
<b>PRINT clearly IN INK OR TYPE          MAKE A COPY OF THIS FORM FOR YOUR RECORDS</b>	<b>APPLICATION NUMBER:</b>	
	<b>LICENSE NUMBER:</b>	

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.

**Avoid processing delays by submitting your application online at <https://secure.doli.state.mn.us/license/intro.aspx>**

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>AREA CODE &amp; PHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>
<b>LEGAL LAST NAME</b>	<b>SUFFIX (JR, SR, II, III)</b>	<b>LEGAL FIRST NAME</b>	<b>LEGAL MIDDLE NAME</b>
<b>RESIDENTIAL ADDRESS</b>		<b>PUBLIC MAILING ADDRESS</b> (if different from residential address)	
<b>CITY NAME</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CITY NAME</b> <b>STATE</b> <b>ZIP CODE</b>

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

**Reduced Pressure Backflow Prevention Certification Program**

I completed a reduced pressure zone backflow certification program and was issued a backflow RPZ tester unlimited card or backflow RPZ tester card by the ASSE International. Enclosed is a copy of the certificate issued to me by the certification program.

<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
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