

Minnesota Department of Labor & Industry  
CCLD Licensing / Plumbing  
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PRINT IN INK or TYPE



## Water Conditioning License Change of Address Form

Change of Address

**Make a copy of completed form for your records**

The data that you furnish on this form will be used by the Department of Labor and Industry to assess your eligibility to renew an individual license, personal registration, or personal certification; and/or update address information for the named individual holding the indicated license, registration, or certificate. The date of birth and last 4 digits of your Social Security Number are requested as verification of your identity to ensure only the licensee is updating their license information. All information provided on this form, except Social Security Number, is considered public pursuant to Minnesota Statutes, Chapter 13.

**License Information** – Must provide to change an address and/or renew license, registration, or certification

LICENSE TYPE	LICENSE/REGISTRATION/CERTIFICATE #	EXPIRATION DATE	
DATE OF BIRTH	SOCIAL SECURITY NUMBER (last 4 digits)	PHONE NUMBER	
LAST NAME	FIRST NAME	MIDDLE INITIAL	

**Current Address Information** – Write in your current address information

STREET ADDRESS (PO Box must include street address)

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CITY	STATE	ZIP CODE
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**Former Address Information** – Must provide past address information before address may be changed

FORMER ADDRESS (PO Box must include street address)

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CITY	STATE	ZIP CODE
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**Certification:** I certify that I hold this license, registration, or certificate and that the information provided on this form is correct and accurate.

SIGNATURE ( <u>mandatory</u> )	DATE SIGNED
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