

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing / Plumbing
 PO Box 64217
 St. Paul, MN 55164-0217



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"> 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. </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	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.	
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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

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 Web site: www.dli.mn.gov

PRINT CLEARLY IN INK OR TYPE
MAKE A COPY OF THIS FORM FOR YOUR RECORDS

Water Conditioning

Work Experience Verification Form

Applicant's Legal Name:	License / Registration Number: (if applicable)	SSN: (Last 4 digits Only)
Applicant's Address:	City, State, Zip	Email Address:

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.**

Employer Name	License / Registration Number		
Employer Address	Telephone		
City	State	Zip	Email Address
Name of Responsible Person (Master Electrician)	License Number	Title	

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 875 qualifying hours may be reported per 12-month registration period. Hours reported on this form must be supported by records maintained by the employer to demonstrate compliance. Knowingly providing inaccurate or fraudulent information is a violation of law and subjects the violator to a monetary penalty of up to \$10,000.

Complete a SEPARATE work experience form for each year of employment.		Are the hours reported on this form taken from payroll records? <input type="checkbox"/> YES <input type="checkbox"/> OTHER (specify)
Date of Employment:		
Start Date: July 1 _____	End Date: _____	

CLASS OF WORK	For Office Use Only	Hours Worked
PRACTICAL WATER CONDITIONING INSTALLATION, SERVICING AND TRAINING AS A REGISTERED UNLICENSED INDIVIDUAL	UP TO 875	
PRACTICAL WATER CONDITIONING INSTALLATION, SERVICING EXPERIENCE AND TRAINING PRIOR TO BEING A REGISTERED UNLICENSED INDIVIDUAL (MUST HAVE BEEN PERFORMED IN THE 12 MONTH PERIOD IMMEDIATELY PRIOR TO REGISTRATION AS A REGISTERED UNLICENSED INDIVIDUAL)	100 HOURS	

TOTAL OF ALL QUALIFYING HOURS WORKED (MAX 875 HOURS PER YEAR)

Form must be signed by the designated Responsible Person and the 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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