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**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.

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

CLASS OF WORK	For Office Use Only	Hours Worked
<b>PRACTICAL WATER CONDITIONING INSTALLATION, SERVICING AND TRAINING AS A REGISTERED UNLICENSED INDIVIDUAL</b>	<b>UP TO 875</b>	
<b>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)</b>	<b>100 HOURS</b>	
<b>TOTAL OF ALL QUALIFYING HOURS WORKED (MAX 875 HOURS PER YEAR)</b>		

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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