



Email: dli.license@state.mn.us
 Website: www.dli.mn.gov/cclid.asp
 Phone: (651) 284-5031

Individual Plumber License Examination Application

**PAID APPLICATION FEE IS NOT REFUNDABLE
 CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

Application Fee = \$50.00

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| MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY | SPACE IN BOX FOR OFFICE USE ONLY | |
| SELECT THE LICENSE YOU ARE APPLYING FOR: <input type="checkbox"/> Master Plumber <input type="checkbox"/> Journeyworker Plumber | Account Number <div style="text-align: right;">632441</div> | STK <div style="text-align: right;">B42PLUMLIC</div> |
| <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO | Check Number | Amount Paid |
| Is this a license exam retest? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, submit application form and fee. Work experience verification form not required. | DLI Deposit Date NOTICE: Pursuant to Minnesota Statute § 60A.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties. | |
| PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS | APPLICATION NUMBER: | LICENSE NUMBER: |

| REGISTERED / LICENSED INDIVIDUAL <input type="checkbox"/> Registered Minnesota apprentice <input type="checkbox"/> Minn. unlicensed registered individual <input type="checkbox"/> Currently licensed in another state or legal jurisdiction (exam required – enclose copy of license) | WORK EXPERIENCE <input type="checkbox"/> Qualify for master license as holder of a Minnesota journeyworker license for at least 12 months | LICENSED RESTRICTED MASTER PLUMBER <input type="checkbox"/> Qualify for Master Plumber's license with five (5) years verified experience in business as a plumbing contractor. | | | | | | | | |
|--|---|--|---------------------|--|--|---|-------------------|---------------------|--|--|
| STATE(S) AND REGISTRATION / LICENSE NO. | <input type="checkbox"/> Qualify for licensure by meeting the minimum work experience requirements for the selected license. If not registered as an unlicensed individual with DLI, submit the plumbing work experience verification form with the application. | U.S. MILITARY PLUMBING WORK EXPERIENCE Applicants may apply their plumbing work experience in the U.S. Armed Forces toward qualifying for a plumber license. <input type="checkbox"/> DD-214 and supporting documentation | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">MN LICENSE NUMBER</th> <th style="width: 50%;">ORIGINAL ISSUE DATE</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> | MN LICENSE NUMBER | ORIGINAL ISSUE DATE | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">MN LICENSE NUMBER</th> <th style="width: 50%;">ORIGINAL ISSUE DATE</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> | MN LICENSE NUMBER | ORIGINAL ISSUE DATE | | |
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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.

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|---|-----------------------------------|---|--|
| 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 |
| | | STATE | ZIP CODE |
| 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.



CC0100

Phone: 651.284.5031
 Email: dli.exam@state.mn.us
 Web site: www.dli.mn.gov

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

PLUMBING

Work Experience Verification Form

| | | |
|-------------------------|--|---------------------------|
| Applicant's Legal Name: | License / Registration Number: (if applicable) | SSN: (Last 4 digits Only) |
|-------------------------|--|---------------------------|

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 Plumber) | | 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 a total of 1,750 qualifying hours may be reported per 12-month registration 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.

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| 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: | End Date: | |

| CLASS OF WORK | For Office Use Only | Hours Worked |
|--|---------------------|--------------|
| DRAIN, WASTE, AND VENT INSTALLATION | DW | |
| FIXTURE INSTALLATION | FI | |
| MAINTENANCE AND REPAIR OF PLUMBING | MR | |
| WATER DISTRIBUTION INSTALLATION | WD | |
| WATER SERVICE AND SEWER INSTALLATION | WS | |
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| TOTAL OF ALL QUALIFYING HOURS WORKED (MAX 1,750 HOURS PER YEAR) | | |

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 |
|--------------------------------|-------------|-----------------------|-------------|

INSTRUCTIONS

READ CAREFULLY BEFORE COMPLETING THIS FORM

Employer must complete the Work Experience Verification Form.

WORK EXPERIENCE VERIFICATION FORM REQUIRED

Registered unlicensed individuals, as part of renewing their registration, must provide verification of their employment by a licensed contractor or registered employer during the registration period. This form reports the verified hours and is adapted for use by unlicensed individuals registered to perform electrical, plumbing, and high pressure pipefitting work. The reason for verifying work hours each year along with renewing a registration is so the registered individual does not have to verify these hours when applying for a license examination. Verifying hours annually when renewing a registration enables the department to gradually qualify an individual for examination, which makes for quicker approvals.

Registered Unlicensed Individual

- Registration information is pre-printed on the form for the registered individual.
- The work period being verified is the 12-month registration period printed on the form.
- Address information printed on the form is the unlicensed individual's mailing address. Updates to the individual's personal or mailing address may be noted on the registration renewal form. Address changes may also be made using a form available online at www.dli.mn.gov/cclid.asp.

Employer Information (mandatory information)

- Enter the employer's business name, address, license or registration number, contact's phone number, and email address. (NOTE: License number is mandatory, if business holds contractor license number.)
- Enter the employer's designated responsible individual's name and license number. The individual's license number must match what the department has on record as the designated responsible individual and license number.

Unlicensed Individual's Work Experience

- Provide exact dates of employment during the 12-month registration period (see dates printed on the verification form). Include the month, day, and year.
- Indicate whether the hours reported on the form are taken from payroll records; and if not, specify the other forms of documentation used to verify the individual's work experience.
- For each class of work identified, enter the actual hours the individual performed that class of work during the registration period. (Note: Blanks will be assigned 0 hours.)
- Enter the total number of plumbing work hours verified, which may not exceed 1,750 hours.

Certification Signature and Date

- The employer's designated responsible individual must certify, with a signature, that the registered unlicensed individual performed the identified classes of work for the number of hours entered on the form during the 12-month registration period.
- The registered unlicensed individual's signature on the form acknowledges agreement with the information verified by the employer

QUALIFYING FOR A LICENSE EXAMINATION

Work verification is for the following license classifications, which require a minimum number of months/hours qualifying work experience to become licensed. Detailed information on qualifying for a license exam is available at <http://www.dli.mn.gov/CCLD/PlumbingLicense.asp>

| License Class | Law (Rule) | Requirement | Minimum Requirements |
|-----------------------|---------------------|-------------|---|
| Plumber Journeyworker | 326b.46 (4716.0020) | 7,000 hours | 2000 hrs drain, waste, vent installation 1000 hrs fixture installation 2000 hrs water distribution installation |
| Plumber Master | 326B.46 (4716.0020) | 1,750 hours | Journeyworker license plus an additional 12 months experience in any of the areas listed below: Drain, Waste, Vent Installation Fixture Installation Maintenance and Repair of Plumbing Water Distribution Installation Water Service and Sewer Installation |