



Email: dli.exam@state.mn.us  
 Website: www.dli.mn.gov/ccld.asp  
 Phone: (651) 284-5031  
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## Individual Plumber License Examination Application

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

**Application Fee = \$50.00**

<p><b>MAKE CHECK OR MONEY ORDER PAYABLE TO:          MINNESOTA DEPARTMENT OF LABOR &amp; INDUSTRY</b></p>	<p><b>SPACE IN BOX FOR OFFICE USE ONLY</b></p>	
<p><b>SELECT THE LICENSE YOU ARE APPLYING FOR:</b></p> <p><input type="checkbox"/> <b>Master Plumber</b>      <input type="checkbox"/> <b>Water Conditioning Master</b></p> <p><input type="checkbox"/> <b>Journeyman Plumber</b>      <input type="checkbox"/> <b>Water Conditioning Journeyman</b></p>	<p><b>Account Number</b>      632441          632444</p> <p><b>Check Number</b></p> <p><input type="checkbox"/> <b>PCK</b>    <input type="checkbox"/> <b>CCK</b>    <input type="checkbox"/> <b>MO</b></p> <p><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.</p>	<p><b>S T K</b>    B42PLUMLIC          B42WCLIC</p> <p><b>Amount Paid</b></p> <p><b>DLI Deposit Date</b></p>
<p><b>Is this a license exam retest?</b>      <input type="checkbox"/> <b>Yes</b>    <b>If Yes, submit application form only.</b>  <input type="checkbox"/> <b>No</b></p>	<p><b>APPLICATION NUMBER:</b>      <b>LICENSE NUMBER:</b></p>	
<p><b>PRINT IN INK OR TYPE          MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS</b></p>		

<p><b>REGISTERED / LICENSED INDIVIDUAL</b></p> <p><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)</p>	<p><b>WORK EXPERIENCE</b></p> <p><input type="checkbox"/> Qualify for master license as holder of a Minnesota journeyman license for at least 12 months (affidavit required)</p>	<p><b>LICENSED RESTRICTED MASTER PLUMBER</b></p> <p><input type="checkbox"/> Qualify for Master Plumber's license with five (5) years verified experience in business as a plumbing contractor.</p>
<p><b>STATE(S) AND REGISTRATION / LICENSE NO.</b></p>	<p><input type="checkbox"/> Qualify for licensure by meeting the minimum work experience requirements for the selected license. <b>If not registered as an unlicensed individual with DLI, submit the plumbing work experience verification form with the application.</b></p>	<p><b>U.S. MILITARY PLUMBING WORK EXPERIENCE</b></p> <p>Applicants may apply their plumbing work experience in the U.S. Armed Forces toward qualifying for a plumber license.</p> <p><input type="checkbox"/> DD-214 and supporting documentation</p>
<p><b>MN LICENSE NUMBER</b></p>	<p><b>ORIGINAL ISSUE DATE</b></p>	<p><b>MN LICENSE NUMBER</b></p>
<p><b>ORIGINAL ISSUE DATE</b></p>	<p><b>ORIGINAL ISSUE DATE</b></p>	<p><b>ORIGINAL ISSUE DATE</b></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.

<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 (if different from residential address)</b>	
<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.

<b>APPLICANT SIGNATURE</b>	<b>DATE SIGNED (MM/DD/YYYY)</b>
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