

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing / Plumbing  
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 St. Paul, MN 55164-0222



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><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>Water Conditioning Master</b></p> <p><input type="checkbox"/> <b>Water Conditioning Journeyman</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Account Number    <b>632444</b></td> <td style="width: 40%;">STK    <b>B42WCLIC</b></td> </tr> <tr> <td>Check Number</td> <td>Amount Paid</td> </tr> <tr> <td> <input type="checkbox"/> <b>PCK</b>    <input type="checkbox"/> <b>CCK</b>    <input type="checkbox"/> <b>MO</b> </td> <td>DLI Deposit Date</td> </tr> <tr> <td colspan="2"> <p><b>NOTICE:</b> 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.</p> </td> </tr> </table>	Account Number <b>632444</b>	STK <b>B42WCLIC</b>	Check Number	Amount Paid	<input type="checkbox"/> <b>PCK</b> <input type="checkbox"/> <b>CCK</b> <input type="checkbox"/> <b>MO</b>	DLI Deposit Date	<p><b>NOTICE:</b> 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.</p>	
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<p><b>Is this a license exam retest?</b>    <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>    <b>If Yes, application form only. No verification form needed.</b></p>	<p><b>APPLICATION NUMBER:</b></p>								
<p><b>PRINT IN INK OR TYPE          MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS</b></p>	<p><b>MASTER LICENSE QUALIFICATIONS</b></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><b>JOURNEYMAN LICENSE QUALIFICATIONS</b></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><b>MASTER LICENSE QUALIFICATIONS</b></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
			STATE
			ZIP CODE
Is the Residential address above a non-designated (private) address?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If <i>yes</i>, then you must provide a designated (Public) mailing address.</b>		
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

## Water Conditioning Work Experience Verification Form

### LICENSURE AND EXAM APPLICATION ONLY

<b>Applicant's Legal Name:</b> _____	<b>SSN:</b> (Last 4 Only) _____	<b>(DLI Office Use)</b> <b>(Date Received ONLY)</b>
<b>License Type:</b> <input type="checkbox"/> <b>Water Conditioning Master</b> <input type="checkbox"/> <b>Water Conditioning Journeyman</b>		

To apply for licensure and examination, the applicant must provide verification of their employment and qualifying work. Verification information required includes: name, address, and phone number of the employer, applicant'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 individual identified above for licensure and examination. **Individuals with multiple employers during the reporting period must make copies of the form and have each employer complete a separate verification.**

**PRINT IN INK or TYPE**

EMPLOYER NAME			LICENSE / REGISTRATION NUMBER
EMPLOYER ADDRESS			PHONE NUMBER
CITY	STATE	ZIP CODE	EMAIL ADDRESS
RESPONSIBLE INDIVIDUAL (responsible for applicant's work for employer)			TITLE

Actual hours must be reported by Class of Work performed by the individual applicant. Blanks will be recorded as 0 hours. No more than a total of 1,750 qualifying hours may be reported per 12-month 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.

Dates of Employment between Start Date and End Date FROM: _____ TO: _____	Are the hours reported on this form taken from payroll records? <input type="checkbox"/> YES <input type="checkbox"/> OTHER (specify) _____
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Class of Work	Hours Worked
<b>WATER CONDITIONING INSTALLATION PLANNING</b>	
<b>WATER CONDITIONING INSTALLATION SUPERVISION</b>	
<b>WATER CONDITIONING SYSTEM INSTALLATION</b>	
<b>WATER CONDITIONING SYSTEM SERVICING</b>	
<b>TOTAL OF ALL QUALIFYING HOURS WORKED (Maximum of 1,750 hours)</b>	

**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
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# INSTRUCTIONS

## READ CAREFULLY BEFORE COMPLETING THIS FORM

**Employer must complete the Work Experience Verification Form.**

### WORK EXPERIENCE VERIFICATION FORM REQUIRED

Applicants for licensure and examination must provide verification of their employment and qualifying work experience. This form reports the verified hours and is adapted for use by individuals performing electrical, plumbing, and high pressure pipefitting work. Verification of hours enables the department to qualify an individual for examination.

**Applicant**

- Enter the applicant's Legal Name and last four (4) digits of Social Security Number.
- Select the applicable license and examination for which the verification is to be applied (choose only one).

**Employer Information (mandatory information)**

- Enter the employer's business name, address, license or registration number (if the employer is from out of state, no license number should be provided), contact's phone number, and email address. (NOTE: License number is mandatory, if business holds contractor license number in Minnesota.)
- Enter the employer's designated responsible individual's name and license number. For contractors and businesses holding a Minnesota license or registration, the individual's license number must match what the department has on record as the designated responsible individual and license number for the employer.

**Applicant's Work Experience**

- Provide exact dates of employment being verified. Include the month, day, and year (MM/DD/YYYY).
- 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 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 applicant performed the identified classes of work for the number of hours entered on the form during identified employment period.
- The applicant'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 [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp).

<u>License Class</u>	<u>Law (Rule)</u>	<u>Requirement</u>	<u>Minimum Requirements</u>
Journeyman Water Conditioning	326B.46 (4716.0092)	875 Hours	6 months practical experience (875 Hours) which includes 100 Hours Installation and 200 Hours Servicing; the remaining required hours of practical experience may be in any aspect of water conditioning work.
Master Water Conditioning	326B.46 (4716.0092)	1,750 Hours	12 months of experience consists of at least 1,750 hours which includes 200 hours installation; 300 hours servicing; 250 hours planning and 250 hours supervising; the remaining required hours of practical experience may be in any aspect of water conditioning work