

Plumbing Contractor License Restricted Plumbing Contractor License

E-mail: DLI.BusinessLicense@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Phone: (651) 284-5034

New License Application Checklist Fill out application form in its entirety

CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

Incomplete or inaccurate applications will delay processing.

ALL documentation and fees are required and must be complete and accurate before a license will be issued.

- License Fees \$206.88** Make check or money order payable to the Department of Labor & Industry
- Minnesota Secretary of State (SOS) Registration / Assumed Name Verification**
Verification may be available by completing an entity search on line at: www.sos.state.mn.us or you may contact the MN Secretary of State to request verification at 651-296-2803. If your business entity and assumed name, if applicable, must be registered, then the status of your registration(s) must be ACTIVE. **(NOTE: No SOS registration is necessary for an individual proprietorship/partnership operating under their full legal name(s))** Missing or incomplete verifications will cause the application to be deficient and delay processing.
- Plumbing Contractor/Restricted Plumbing Contractor Application Form**
The application form must be complete and signed. All information requested on the application form must be provided and complete. Incomplete applications will be deficient and delay processing.
- Disclosure of Business Owners, Partners, Officers and Members Form**
All owners, partners, shareholders, and members owning more than 10 percent in the business must be disclosed. Key officers responsible for the day-to-day operations of the business entity being licensed, certified, or registered must be disclosed. A missing or incomplete disclosure will cause the application to be deficient and delay processing.
- Plumbing Contractor Code Compliance Bond /SSTS Business License Surety Bond**
Must be the original bond form issued, signed, sealed and notarized by the Surety Company and must also be accompanied by the Power of Attorney Form. A missing, incomplete or inaccurate bond will cause the application to be deficient and delay processing.
- Certificate of Liability Insurance**
Obtain from your insurance agent a certificate of liability insurance that provides evidence that your business has general liability insurance coverage meeting the minimum statutory requirements. Acceptable forms are the ACORD 25 (2010/09) Certificate of Liability Insurance or a DLI form that can be found online at www.dli.mn.gov/CCLD/FormsCert.asp. The certificate must show the legal business entity as the insured. If using an assumed name, the certificate must show the insured as the legal business entity's name dba the assumed name. A missing, incomplete or inaccurate certificate of liability insurance will cause the application to be deficient and delay processing.
- Workers' Compensation Certification of Compliance Form**
All applicants must provide evidence of compliance with Minnesota's workers' compensation insurance requirement. You may provide a certificate of insurance showing your business is covered by workers' compensation insurance. Or, you may complete and submit the department's Certificate of Compliance with Minnesota's Workers' Compensation Laws, which is available online at www.dli.mn.us/ccld/forms.asp. Applicants claiming exemption from workers' compensation insurance coverage must complete the certificate of compliance form in its entirety and sign the form. A missing, incomplete or inaccurate certificate will cause the application to be deficient and delay processing.
- Certificate of Responsible Licensed Individual (Master Plumber or Restricted Master Plumber)**
All applicants must designate a responsible licensed individual who shall be responsible for the performance of all plumbing work in accordance with MS § 326B.41 to 326B.49, all rules adopted under these sections and MS § 326B.50 to 326B.59 as well as all orders issued under MS § 326B.082. The licensed master plumber or restricted master plumber completes and signs the Certificate of Responsible Licensed Individual, which validates the designation made in the application form. A missing, incomplete, or inaccurate certificate will cause the application to be deficient and delay processing.

This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198



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 Web Site: www.dli.mn.gov/ccld.asp
 Phone: (651) 284-5034

Disclosure of Business Owners, Partners, Officers and Members

This form must be completed by all business types.

Minnesota Statutes § 270C.72, Subd. 4, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Business Identification Number and the social security numbers of all individual owners, partners, officers, and other members of the business entity, who are liable for delinquent taxes. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's social security number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application. Once you are licensed, all information on this form with the exception of your social security number and nondesignated address becomes public data and may be released to anyone upon request.

If the business is an individual, partnership, corporation, foreign corporation or a limited liability company, the names, addresses, social security numbers, and signatures of all additional owners, partners, officers, or members owning 10 percent or more of the company, must be completed on this form. Please copy this form if you need additional space.

LEGAL NAME OF BUSINESS (Individual name only if no company name is used) **LICENSE/REGISTRATION #**

ASSUMED NAME - DBA (doing business as or assumed name) (if applicable)

| | | | |
|-------------------------|-------------|--------------|-----------------|
| BUSINESS ADDRESS | CITY | STATE | ZIP CODE |
|-------------------------|-------------|--------------|-----------------|

LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)

| | | | | |
|----------------------------|------------|-------------|-------------------------------|---------------------------|
| LAST NAME (include suffix) | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY # (mandatory) | DATE OF BIRTH (mandatory) |
| RESIDENTIAL ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NO |

Is the residential address a non-designated (Private) address? Yes No If **yes**, you must provide a designated (Public) address.

| | | | | |
|---------------------------------|--|-------|----------|--------------|
| DESIGNATED (Public) ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NO |
| APPLICANT SIGNATURE (mandatory) | TITLE (owner, partner, officer, or member, etc...) | | | DATE |

| | | | | |
|----------------------------|------------|-------------|-------------------------------|---------------------------|
| LAST NAME (include suffix) | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY # (mandatory) | DATE OF BIRTH (mandatory) |
| RESIDENTIAL ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NO |

Is the residential address a non-designated (Private) address? Yes No If **yes**, you must provide a designated (Public) address.

| | | | | |
|---------------------------------|--|-------|----------|--------------|
| DESIGNATED (Public) ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NO |
| APPLICANT SIGNATURE (mandatory) | TITLE (owner, partner, officer, or member, etc...) | | | DATE |

| | | | | |
|----------------------------|------------|-------------|--------------------------------|---------------------------|
| LAST NAME (include suffix) | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY NO (mandatory) | DATE OF BIRTH (mandatory) |
| RESIDENTIAL ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NO |

Is the residential address a non-designated (Private) address? Yes No If **yes**, you must provide a designated (Public) address.

| | | | | |
|---------------------------------|--|-------|----------|--------------|
| DESIGNATED (Public) ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NO |
| APPLICANT SIGNATURE (mandatory) | TITLE (owner, partner, officer, or member, etc...) | | | DATE |

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Plumbing Contractor Code Compliance Bond SSTS Business License Surety Bond

Email: DLI.BusinessLicense@state.mn.us
Website: www.dli.mn.gov/cclid.asp
Phone: (651) 284-5034

| | | |
|-----------------|-------------------------------------|-----------------------|
| BOND NO. | AMOUNT \$25,000.00 | EFFECTIVE DATE |
|-----------------|-------------------------------------|-----------------------|

PRINT IN INK or TYPE
KNOW ALL PERSONS BY THESE PRESENTS:

THAT _____
(Business name as Registered with the Office of the Minnesota Secretary of State; or if individual sole proprietor, individual's name.)

(DBA, doing business as name if applicable)

With business office at _____
(Business Address) (City) (State) (Zip Code) (Telephone number)

as PRINCIPAL, and _____
(Surety Company Name)

(Surety Company Address) (City) (State) (Zip Code) (Telephone number)

a corporation duly organized in the state of _____ and authorized to do business in the state of Minnesota, as Surety, are jointly and severally held and firmly bound to the state of Minnesota, as obligee, in the sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor and Industry and shall be in lieu of all other license bonds to any other political subdivision.

WHEREAS the said Principal performs building sewer or water service installation, or is making application to be licensed as, or has been licensed as, a plumbing contractor or a restricted plumbing contractor, or is making application to be licensed as, or has been licensed as, a subsurface sewage treatment system business; and WHEREAS the said Principal is required by Minnesota Statutes, sections 326B.46, Subd. 2, or 115.56, Subd. 2(e), to give a corporate surety bond to the State of Minnesota in the amount of at least Twenty-Five Thousand Dollars (\$25,000.00) for all plumbing work and subsurface sewage treatment work entered into within the state; and WHEREAS the corporate surety bond shall be for the benefit of the State of Minnesota and all persons injured or suffering financial loss by reason of the Principal's failure to comply with the requirements of the Minnesota State Plumbing Code, Minnesota Rules, chapter 4715, as amended, or the requirements of Minnesota Statutes, sections 115.55 and 115.56, as amended, and Minnesota Rules, chapters 7080-7083, as amended, and with all contracts entered into.

NOW THEREFORE, the condition of this obligation is that, if the Principal shall faithfully and lawfully perform all duties, and in all things comply with all laws, rules, and ordinances, including all amendments thereto, pertaining to the plumbing license or registration or subsurface sewage treatment system license, and with all contracts entered into, then no obligation under this bond shall accrue. If the Principal shall violate the Minnesota State Plumbing Code, Minnesota Rules, chapter 4715, as amended, or the requirements of Minnesota Statutes, sections 115.55 and 115.56, as amended, or Minnesota Rules, chapters 7080-7083, as amended, or any contracts entered into, any person damaged as a result of such violation shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for loss sustained by the injured party.

This bond shall be effective upon execution and shall expire on **January 1, 2014**. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. The aggregate liability of the surety hereunder pertains to all claims arising during the period as defined above and shall in no event exceed the total sum of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00)**.

This bond obligation may be canceled at any time by giving thirty days written notice of such intent to cancel by Certified Mail--Return Receipt Requested, to the Principal and to the Minnesota Pollution Control Agency, **520 Lafayette Road N, St. Paul, MN 55155** and to the Minnesota Department of Labor and Industry, **443 Lafayette Road N, St. Paul, MN 55155**. Upon cancellation of this bond, the Surety's liability under this bond shall cease, except as to any liabilities or indebtedness incurred prior to the effective date of cancellation. The Surety shall notify the Principal and the Minnesota Department of Labor and Industry and the Minnesota Pollution Control Agency if it has made any payments on the bond which result in the value of the bond falling below the minimum amount required by law.

Signed and sealed this _____ day of _____

(SURETY SEAL)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Acknowledge (notarize) signatures on reverse side and attach power of attorney form.

NAME OF SURETY

File with: Minnesota Department of Labor and Industry
CCLD Licensing and Certification
443 Lafayette Road N
St. Paul, Minnesota 55155

SIGNATURE OF ATTORNEY IN FACT (SURETY COMPANY)

A OR B AND C MUST BE COMPLETED

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership
(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same
to be his/her/their own free act and deed.

(SEAL) _____
Notary Public, _____ County, _____
My Commission Expires _____

B. FOR ACKNOWLEDGEMENT of Corporate Contractor

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she
acknowledged said instrument to be the free act and deed of the corporation.

(SEAL) _____
Notary Public, _____ County, _____
My Commission Expires _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT of Corporate Surety

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
and _____ to me personally known, who being by me duly sworn, did say that
he/she is the attorney in fact of _____, the
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the
said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said
_____ acknowledged that he/she executed said instrument as attorney in
fact as the free act and deed of said corporation.

(SEAL) _____
Notary Public, _____ County, _____
My Commission Expires _____

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155
 Phone: (651) 284-5034
 Fax: (651) 284-5743
 www.dli.mn.gov
 dli.license@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law



**THIS FORM MUST BE COMPLETED AND SIGNED
 BY ALL BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

| | | |
|---|------------------------|---------------------|
| CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable) | BUSINESS TELEPHONE NO. | FAX TELEPHONE NO. |
| BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) | | |
| DBA ("doing business as" or also known as an assumed name) (if applicable) | | |
| BUSINESS ADDRESS (must be physical street address, no PO boxes) | CITY | STATE ZIP CODE |
| COUNTY | E-MAIL ADDRESS | |

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

| | |
|--|-----------------|
| INSURANCE COMPANY NAME (not the insurance agent) | NAIC Number |
| POLICY NO. | EFFECTIVE DATE |
| | EXPIRATION DATE |

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete.

| | | |
|---------------------------------|-------|------|
| APPLICANT SIGNATURE (mandatory) | TITLE | DATE |
|---------------------------------|-------|------|

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. 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.



CC0517

E-mail: DLI.License@state.mn.us
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Certificate of Responsible Individual

Check if Change of Responsible Individual

Master Plumber

Restricted Master Plumber

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 license requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security or Minnesota Business Identification number, 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 licensed, 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. I have read the above statement and I agree to supply the data on this form with the full knowledge and understanding of the information provided in the statement above.

RESPONSIBLE LICENSED INDIVIDUAL (Master Plumber, Restricted Master Plumber)

| PERSONAL LICENSE NUMBER | EXPIRATION DATE (MM/DD/YYYY) | DAYTIME PHONE NO | E-MAIL ADDRESS | |
|-------------------------|------------------------------|-----------------------|----------------|----------------------------------|
| FULL LEGAL LAST NAME | | FULL LEGAL FIRST NAME | | MI SUFFIX (Sr., Jr., I, II, III) |

CONTRACTOR LICENSE INFORMATION or REGISTERED EMPLOYER INFORMATION

| LICENSE/REGISTRATION NUMBER | EXPIRATION DATE (MM/DD/YYYY) | PHONE NUMBER | E-MAIL ADDRESS |
|-----------------------------|------------------------------|--------------|----------------|
| LEGAL BUSINESS NAME | | | |

LEGAL ASSUMED NAME (DBA) (if applicable)

| BUSINESS ADDRESS (PO Box must include street address) | CITY | STATE | ZIP CODE |
|---|------|-------|----------|
|---|------|-------|----------|

This is to certify that pursuant to M.S. § 326B.46, Subd. 1b, I am the designated responsible licensed individual for the licensed contractor or registered employer named above and, as such, I will be responsible for:

- the performance of all plumbing work in accordance with M.S. § 326B.41 to 326B.49, all rules adopted under these sections, the Minnesota Plumbing Code, and all orders issued under M.S. § 326B.082.
- ensuring that, when required, each job will be done by licensed employees, or under the on-the-job supervision of properly licensed employees of said contractor or registered employer as required under M.S. § 326B.47.
- ensuring that permits or inspection forms are filed with the applicable inspection jurisdiction before the commencement of plumbing work or in accordance with the jurisdiction's requirements.
- notifying the department 15 days in advance of resigning as the responsible licensed individual with said contractor or registered employer, or immediately upon termination by said contractor or registered employer.

I further certify, that if I am not identified as an owner, partner, officer, or member of the contractor or registered employer named above, then I am a managing employee as required by M.S. § 326B.46, Subd. 1b. If employed as a managing employee, I understand that I may not perform plumbing work for any other employer. I also understand that under M.S. § 326B.46, Subd. 1b, I am prohibited from being the responsible individual for more than one contractor or registered employer.

I understand and accept that the Department of Labor and Industry under M.S. § 326B.082 may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application or otherwise violate the provisions of M.S. § 326B.50 to 326B.59, all rules adopted under these sections, as well as all orders issued under M.S. § 326B.082.

| | |
|--|------|
| SIGNATURE OF RESPONSIBLE LICENSED INDIVIDUAL (mandatory) | DATE |
|--|------|

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