

Water Conditioning Contractor

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

New License Application Checklist

CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

Incomplete or inaccurate application forms will delay processing

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

- License Fees \$206.80** 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.
- Water Conditioning 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.
- Water Conditioning Contractor Code Compliance 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 (2010/05) 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 (Water Conditioning Master/Master Plumber)**
All applicants must designate a responsible licensed individual who shall be responsible for the performance of all Water Conditioning work in accordance with MS § 326B.50 to 326B.59 all rules adopted under these sections and the Minnesota Plumbing Code, as well as all orders issued under MS § 326B.082. The licensed Water Conditioning Master or 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.
- Mail Completed Application Forms to:**
Minnesota Department of Labor & Industry
Attn: Financial Services / Plumbing
PO Box 64222
St. Paul, MN 55164-0222

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

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
 TTY/MRS: (651) 297-4198
 E-mail: DLI.BusinessLicense@state.mn.us
 www.dli.mn.gov/ccld.asp



CC0512

Certificate of Insurance Covering General Liability and Property Damage

Liability Insurance Coverage: This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.56, Subd. 2(b).

PRINT IN INK or TYPE your responses.
 Unreadable or illegible certificates will be denied.

Form must be completed by the insurance agent or insurance company, not by the business/contractor.

LICENSE TYPE	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
Water Conditioning Contractor			
INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.)		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
		<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements.	
DBA ("doing business as" or also known as an assumed name) (if applicable)		STATUTORY REQUIREMENT	
STREET ADDRESS (no PO Box)		Policy provides liability insurance (including products liability coverage) for all damage in connection with licensed work for which the licensee is liable, with personal damage limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000.	
		This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.	
CITY		STATE	ZIP CODE
MAILING ADDRESS (if different from above)		NAME OF INSURANCE COMPANY	
		NAIC ID	
CITY		STATE	ZIP CODE
Data Practices Notice Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license.		MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
		NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
Cancellation Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.		ADDRESS	
		CITY	STATE
		ZIP CODE	
		INSURANCE AGENT'S SIGNATURE	DATE

OFFICE USE ONLY Date of DLI Receipt <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Certificate Holder

Minnesota Department of Labor and Industry
 CCLD Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155

This insurance form has been filed with the Minnesota Department of Commerce pursuant to Minnesota Statutes, section 60A.39, Subd. 5.

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64222
St. Paul, MN 55164-0222
Phone: (651) 284-5034
Fax: (651) 284-5743
E-mail: DLI.License@state.mn.us
www.dli.mn.gov



CC0516

Water Conditioning Contractor Code Compliance Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	\$3,000	

PRINT IN INK or TYPE

KNOW ALL MEN 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 **THREE THOUSAND DOLLARS (\$3,000)** 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.

The CONDITION of the above obligation is such that WHEREAS the said Principal is or has in his/her employment a Minnesota licensed Water Conditioning Contractor to perform water conditioning work.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully perform all water conditioning contracting work done in Minnesota and indemnify any person dealing or transacting business with the Principal from any injuries or damages due to the Principal's performance of such work, and requirements of Minnesota Statutes 326.57, then no obligation under this bond shall accrue; otherwise, this bond shall remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which 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 **THREE THOUSAND DOLLARS (\$3,000)**.

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 _____



CC0517

Certificate of Responsible Individual

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

Check if Change of Responsible Individual

Water Conditioning Master 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 (Water Conditioning Master/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

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.55, Subd. 2(b), I am the designated responsible licensed individual for the contractor named above and, as such, I will be responsible for:

- a) the performance of all water conditioning installation and service in accordance with M.S. § 326B.50 to 326B.59, all rules adopted under these sections, the Minnesota Plumbing Code, and all orders issued under M.S. § 326B.082.
- b) 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 as required under M.S. § 326B.55.
- c) ensuring that permits or inspection forms are filed with the applicable inspection jurisdiction before the commencement of water conditioning installation or service in accordance with the jurisdiction's requirements.
- d) notifying the department 15 days in advance of resigning as the responsible licensed individual with said contractor, or immediately upon termination by said contractor.

I further certify that if I am not identified as an owner, partner, officer, or member of the contractor named above, then I am a managing employee as required by § 326B.55, Subd. 2(b) and actively engaged in performing water conditioning work on behalf of said contractor and acknowledge that I cannot be employed in any capacity as a water conditioning master or water conditioning journeyman for any other was conditioning contractor.

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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