

Change of Responsible Water Conditioning Contractor for a Water Conditioning Contractor Bond

Make a copy of this application for your records

PRINT IN INK or TYPE

The information you provide on this application will be used to determine if you meet the license/bonding requirements. Before a license/bond certificate is issued to you, M.S. § 270C.72, subd 4, requires you to provide your social security number. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under M.S. § 13.41, the information that you provide on this application, except for your name, and address is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Once you are licensed/bonded, the information becomes public data and will be part of the agency's permanent records.

1. BUSINESS TELEPHONE NUMBER	2. FAX TELEPHONE NUMBER	3. E-MAIL ADDRESS
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4. LEGAL BUSINESS NAME OF CONTRACTOR Individual name only if no company name used - See instructions

5. DBA (doing business as name) (if applicable)

6. BUSINESS ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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7. MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE	COUNTY
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8. FEDERAL EMPLOYER TAX NO (FEIN) <small>(if applicable)</small>	9. MINNESOTA TAX NO (MN ID) <small>(if applicable)</small>	10. UNEMPLOYMENT NO <small>(if applicable)</small>
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11. RESPONSIBLE LICENSED PERSON: A responsible licensed person is licensed as a water conditioning contractor. NOTE: The responsible licensed person must complete and sign this section of the application.

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO.	DATE OF BIRTH <small>(mm/dd/yyyy)</small>
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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APPLICANT SIGNATURE (Responsible Licensed Person)	DATE OF APPLICATION	TITLE (Owner, Partner, Member, President, Vice President)
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WATER CONDITIONING CONTRACTOR LICENSE NO.

- **Return the original Bond and Insurance Certificate issued under the previous water conditioning contractor.**
- **No fee is required for change of licensed water conditioning contractor.**
- **The Responsible Licensed person must complete and sign Item No. 11.**