

Mailing Address:
 PO Box 64217
 St Paul, MN 55164-0217

Email: dli.license@state.mn.us
 Website: www.dli.mn.gov
 Telephone: (651) 284-5034

Individual Plumbing License Reciprocity Application

Application Fee = \$50.00

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

MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY		SPACE IN BOX FOR OFFICE USE ONLY	
SELECT THE LICENSE YOU ARE APPLYING FOR:		Account Number 632441	STK B42PLUMLIC
<input type="checkbox"/> Master Plumber <input type="checkbox"/> Journeyman Plumber <small>Applicant <u>will not qualify</u> if an examination for the same or greater class license was failed in Minnesota; or license was revoked or suspended. Applicant <u>will not qualify</u> if expired Minnesota plumber's license was not renewed within two years of the license's expiration date.</small>		Check Number	Amount Paid
Have you obtained a Minnesota plumbing license through reciprocity before? <input type="checkbox"/> Yes <input type="checkbox"/> No MN LICENSE NUMBER		<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS		APPLICATION NUMBER:	
RECIPROCITY REQUIREMENTS	RECIPROCATING STATE	NAME OF LICENSE HELD IN RECIPROCATING STATE	
<ul style="list-style-type: none"> • Hold equivalent plumbing license from North Dakota or South Dakota • Held license at least one year • Passed license examination 	<input type="checkbox"/> North Dakota <input type="checkbox"/> South Dakota <small>A copy of your current license card and a certificate of endorsement MUST ACCOMPANY this application.</small>	LICENSE NUMBER	
		DATE INITIALLY ISSUED	CURRENT EXPIRATION DATE
<small>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.</small>			
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? Yes No If yes , then you must provide a designated (Public) mailing address.			
APPLICANT SIGNATURE			DATE SIGNED (MM/DD/YYYY)