

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



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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>MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY</p> <p>SELECT THE LICENSE YOU ARE APPLYING FOR:</p> <p><input type="checkbox"/> Water Conditioning Master</p> <p><input type="checkbox"/> Water Conditioning Journeyman</p> <p>Is this a license exam retest? <input type="checkbox"/> Yes If Yes, application form only. <input type="checkbox"/> No No verification form needed.</p> <p style="text-align: center;">PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS</p> <p>JOURNEYMAN LICENSE QUALIFICATIONS</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>OFFICE USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Account Number 632444</td> <td>STK B42WCLIC</td> </tr> <tr> <td>Check Number</td> <td>Amount Paid</td> </tr> <tr> <td><input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO</td> <td>DLI Deposit Date</td> </tr> <tr> <td colspan="2"> <p>NOTICE: 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> <p>APPLICATION NUMBER:</p> <p>MASTER LICENSE QUALIFICATIONS</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> | Account Number 632444 | STK B42WCLIC | Check Number | Amount Paid | <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO | DLI Deposit Date | <p>NOTICE: 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> | |
| Account Number 632444 | STK B42WCLIC | | | | | | | | |
| Check Number | Amount Paid | | | | | | | | |
| <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO | DLI Deposit Date | | | | | | | | |
| <p>NOTICE: 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> | | | | | | | | | |

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 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 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 If yes , then you must provide a designated (Public) mailing address. | | |
| APPLICANT SIGNATURE | | | DATE SIGNED (MM/DD/YYYY) |

This material can be made available in different forms, such as large print, braille or on an audio.

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Water Conditioning Work Experience Verification Form

| | | |
|--------------------------------|---|----------------------------------|
| Applicant's Legal Name: | License / Registration Number: (if applicable) | SSN: (Last 4 digits Only) |
| Applicant's Address: | City, State, Zip | Email Address: |

To renew a registration, unlicensed individuals must provide verification of their employment by a licensed contractor or registered employer for the registration period. Verification information required includes: name, address, and phone number of the employer, registered individual'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 registered unlicensed individual for an applicable license exam. **Individuals with multiple employers during the reporting period must make copies of the form and have each employer complete a separate verification.**

| | | | |
|--|--------------|-----------------------|--------------------------------------|
| Employer Name | | | License / Registration Number |
| Employer Address | | | Telephone |
| City | State | Zip | Email Address |
| Name of Responsible Person (Master Electrician) | | License Number | Title |

Qualifying work experience is verified based on a 12-month registration period. Actual hours must be reported by Class of Work performed by the registered individual. Blanks will be recorded as 0 hours. No more than 875 qualifying hours may be reported per 12-month registration period. Hours reported on this form must be supported by records maintained by the employer to demonstrate compliance. Knowingly providing inaccurate or fraudulent information is a violation of law and subjects the violator to a monetary penalty of up to \$10,000.

| | | |
|--|------------------|--|
| Complete a SEPARATE work experience form for each year of employment. | | Are the hours reported on this form taken from payroll records? <input type="checkbox"/> YES <input type="checkbox"/> OTHER (specify) |
| Date of Employment: | | |
| Start Date: July 1 _____ | End Date: | |

| CLASS OF WORK | For Office Use Only | Hours Worked |
|---|----------------------------|---------------------|
| PRACTICAL WATER CONDITIONING INSTALLATION, SERVICING AND TRAINING AS A REGISTERED UNLICENSED INDIVIDUAL | UP TO 875 | |
| PRACTICAL WATER CONDITIONING INSTALLATION, SERVICING EXPERIENCE AND TRAINING PRIOR TO BEING A REGISTERED UNLICENSED INDIVIDUAL (Up to 100 hours of practical water conditioning installation and servicing experience prior to becoming a registered unlicensed individual may be applied to the practical experience requirement.) | 100 HOURS | |
| | | |
| | | |
| | | |
| TOTAL OF ALL QUALIFYING HOURS WORKED (MAX 875 HOURS PER YEAR) | | |

Form must be signed by the designated Responsible Person and the 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 |
|---------------------------------------|--------------------|------------------------------|--------------------|

INSTRUCTIONS
READ CAREFULLY BEFORE COMPLETING THIS FORM
Employer must complete the Work Experience Verification Form

WORK EXPERIENCE VERIFICATION FORM REQUIRED

Registered unlicensed individuals, as part of renewing their registration, must provide verification of their employment by a licensed contractor or registered employer during the registration period of July 1 to June 30. This form reports the verified hours and is adapted for use by unlicensed individuals registered to perform plumbing work. The reason for verifying work hours each year along with renewing a registration is so the registered individual does not have to verify these hours when applying for a license examination. Verifying hours annually when renewing a registration enables the department to gradually qualify an individual for examination, which makes for quicker approvals. Please submit a separate work experience form for each year of experience.

Employer Information (mandatory information if business is licensed in Minnesota)

- Enter the employer's business name, address, license or registration number, contact's phone number, and email address. (NOTE: License number is mandatory, if business holds contractor license number or registered employer number in Minnesota.)
- Enter the employer's designated responsible individual's name and license number. The individual's license number must match what the department has on record as the designated responsible individual and license number.
- Only record work experience for the time period that the registered unlicensed plumber had a current registration with Department of Labor Industry

Registered Apprentice - If part of an apprenticeship program the following is required when applying for the journey worker exam:

- Complete exam application
- Letter from apprenticeship program, which includes hours, dates of completion and name of the apprenticeship program

Unlicensed Registered Water Conditioner

- Complete information on the form for the registered individual.
- The work period being verified is the 12-month registration period of July 1st to June 30th of each year and only for the months in which you had a current registration with Department of Labor & Industry.
- Provide exact dates of employment during the 12-month registration period (July 1st to June 30th). Include the month, day, and year.
- 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 water conditioning work hours verified, which may not exceed 1,750 hours.
- Complete mailing address information for the unlicensed individual's. Updates to the individual's personal or mailing address may be noted on the registration renewal form. Address changes may also be made using a form available online at <http://www.dli.mn.gov/workers/plumber/licensing-personal-plumber-licenses>.

Certification Signature and Date

- The employer's designated responsible individual must certify, with a signature, that the registered unlicensed individual performed the identified classes of work for the number of hours entered on the form during the 12-month registration period.
- The registered unlicensed individual'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

| License Class | Law (Rule) | Requirement | Minimum Requirements |
|-------------------------------------|---|--------------|---|
| Water Conditioner Journey Worker | 326b.46 Law 4716.0092 Rule | 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. NOTE: Up to 100 hours of practical water conditioning installation and servicing experience prior to becoming a registered unlicensed individual may be applied to the practical experience requirement. However, none of this practical experience may be applied if the unlicensed individual did not have any practical experience in the 12-month period immediately prior to becoming a registered unlicensed individual. |
| Water Conditioner Master | 326B.46 Law 4716.0092 Rule | 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. |