



CC0190

Mailing Address:
 PO Box 64222
 St. Paul, MN 55164-0222

Email: dli.license@state.mn.us
 Website: www.dli.mn.gov/ccld.asp
 Phone: (651) 284-5031

Unlicensed Individual Water Conditioning Installer (RW) -

**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**

<p>SELECT YOUR FORM OF REGISTRATION:</p> <p><input type="checkbox"/> New Registration \$14.00</p> <p><input type="checkbox"/> Renew Registration (not expired) \$14.00</p> <p><input type="checkbox"/> Renew Registration (expired) \$19.00</p> <p><input type="checkbox"/> Reinstate Registration (expired over 12 mo) \$19.00</p> <p>If you are or were registered as a plumber's apprentice or an unlicensed individual for plumbing in the past, provide your registration number.</p>	<p style="text-align: center;">SPACE IN BOX FOR OFFICE USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Account Number 632441</td> <td style="width: 50%;">STK B42PLUMLIC</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>	Account Number 632441	STK B42PLUMLIC	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>	
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<p>REGISTRATION NUMBER</p>	<p>APPLICATION NUMBER:</p>								

**PRINT IN INK OR TYPE
 MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS**

<p>NEW REGISTRATION</p> <p>Individuals performing plumbing work without a Minnesota water conditioning or plumber license must be registered as an unlicensed individual. Select New Registration if you have <u>never been previously registered</u> as a plumber's apprentice or unlicensed individual.</p>	<p>RENEW REGISTRATION</p> <p>Individuals who have a registration that is current or has been <u>expired for less than 12 months</u> may renew the registration. Renewing a registration prevents the loss of accrued work experience.</p> <p><u>A late fee of \$5.00 is required for late renewals (received after expiration).</u></p>	<p>REINSTATE REGISTRATION</p> <p>Unlicensed individuals performing plumbing work may reinstate a registration that has been <u>expired for more than 12 months</u>. Accrued work experience during the unregistered period is lost and may not be applied toward licensure.</p>
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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.

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)
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