

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

## Water Conditioning Contractor BUSINESS APPLICATION INSTRUCTIONS

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

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Web Site: [www.dli.mn.gov/cclid.asp](http://www.dli.mn.gov/cclid.asp)  
Directions: <http://www.dli.mn.gov/Direct.asp>  
Phone: (651) 284-5034

**STEP 1 - Starting a Business in Minnesota:** Before submitting a new license application you must choose a business structure for your business entity. To obtain more information relating to starting a business in Minnesota you can contact the Minnesota Department of Employment and Economic Development at <http://www.positivelyminnesota.com/Business> or call 651-556-8425.

**STEP 2 – Minnesota Secretary of State Office:** Before submitting a new license application you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us/index.aspx?page=92> to obtain information relating to the registration of your business entity or business name in Minnesota. Contact SOS by phone at 651-296-2803 or 1-877-551-6767.

**STEP 3 - Tax ID & Employment Insurance -** Except for individuals (sole-proprietor) or one-member limited liability companies without employees or taxable sales, all businesses must disclose their Federal Employer Identification Number (FEIN) and their State Tax Identification number. Individuals (sole proprietor) or one member limited liability companies must provide a Social Security number. Tax numbers are available from the state or federal revenue agencies below:

Minnesota Tax Identification Number	651-282-5225
Federal Employer Identification Number	800-829-4933
Employment & Economic Development (Unemployment Insurance)	651-296-6141
Labor & Industry (Workers' Compensation Insurance)	651-284-5032
Revenue (if making retail sales in Minnesota)	651-296-6181 – corporate Sales Tax ID

### STEP 4 - Information for use in completing the license application

#### Legal Business Name:

- **Individual/Sole Proprietor** -The legal business name for all individual proprietors is the full legal name (first, middle, last) of the individual business owner.
- **General Partnerships** - The legal business name of a partnership consisting of two or more individuals, is the full legal names of each partner (first, middle, last) and must include all business partners.
- **All other business types** - The legal business name of a Corporation, Foreign Corporation, Limited Liability Company, Limited Liability Partnership, or Limited Partnerships is the exact business entity name as filed with the Office of the Minnesota Secretary of State

**Minnesota Secretary of State (SOS):** If your business entity or business name is required to be registered with the SOS, you will need to contact the Office of the Minnesota Secretary of State at this link; <http://www.sos.state.mn.us/index.aspx?page=92> to obtain the required business documentation.

**Doing Business As (DBA) Name / Assumed Name:** Any business operating by a name other than their full legal business name is also required to file a Certificate of Assumed Name with the Minnesota Secretary of State to obtain authority for use of the assumed name. **NOTE:** Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed (DBA) names must be registered with the Office of the Secretary of State.

**Physical Address:** Must be the physical address of the business, if different from the main address. This address is the primary physical address for work performed in Minnesota by the holder of the license, certificate, or registration. A PO Box is not acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

**Mailing Address:** Must be the mailing address for the business entity being licensed, certified, or registered, if different from the main address. This address is the primary mailing address for the holder of the license, certificate, or registration. A PO Box is acceptable. On the application form, you may designate this address as your public address for the license, certificate, or registration.

**Minnesota Registered Agent:** All applicants must provide the name and address of a Minnesota registered agent authorized to receive service of process and give consent to service of process as required by M.S. § 326B.855.

**STEP 5 - Before submitting your license application, carefully read and follow the Application Requirements included with this application packet.**

## Water Conditioning Contractor

E-mail: [DLI.License@state.mn.us](mailto:DLI.License@state.mn.us)  
Web Site: [www.dli.mn.gov/cclid.asp](http://www.dli.mn.gov/cclid.asp)  
Phone: (651) 284-5034

### License Application Checklist

Fill out application form in its entirety

#### Incomplete or inaccurate applications will delay processing.

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

- |                          |                     |   |          |
|--------------------------|---------------------|---|----------|
| <input type="checkbox"/> | <b>License fee:</b> | Initial Application (NEW)                       | \$168.00 |
|                          |                     | Renewal Application (expired includes late fee) | \$248.00 |

You may upload your license application and pay by credit card, online at the DLI website <https://secure.doli.state.mn.us/license/intro.aspx> or mail your application to DLI, and pay by check or money order payable to the **Department of Labor & Industry**. NOTE: Depositing of a fee does not constitute the granting of a license, certificate, or registration. CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

#### Minnesota Secretary of State (SOS) Registration / Assumed Name Verification

- Include a computer screen print of the ACTIVE SOS Business Record Detail for your business entity filing and/or the assumed name with your license application. Submit a computer screen print for each SOS business filing. Contact SOS by phone at 651-296-2803 or 1-877-551-6767 or online at [www.sos.state.mn.us](http://www.sos.state.mn.us)

#### Water Conditioning Contractor Application Form

- Application Form - Pages 1 & 2 must be completed and signed by applicant(s). <http://www.dli.mn.gov/CCLD/PlumbingForms.asp>

#### 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 for the business entity being licensed, certified or registered must be disclosed.

#### 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) or the DLI Certificate of Liability Insurance <http://www.dli.mn.gov/CCLD/FormsCert.asp>. The certificate must show the legal business entity name as the insured. If using an assumed name, the insurance policy and the certificate must show the insured as the legal business entity's name and must include the assumed name as a DBA name (if applicable). A missing, incomplete or inaccurate certificate of liability insurance will cause the application to be deficient and delay processing. NOTE: Certificate holder must be Department of Labor and Industry, 443 Lafayette Road N, St Paul, MN 55155

#### Workers' Compensation Certification of Compliance Form

- The Certificate of Compliance with Minnesota Workers' Compensation Law must be completed and submitted with this application by ALL applicants. Pursuant to M.S. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. **Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032.** Missing, incomplete or inaccurate certificate will cause the application to be deficient and delay processing. This form [http://www.dli.mn.gov/cclid/PDF/cclid\\_lic-04\\_workcomp.pdf](http://www.dli.mn.gov/cclid/PDF/cclid_lic-04_workcomp.pdf) must be completed by EVERY APPLICANT.

#### Certificate of Responsible Licensed Individual (Water Conditioning Master)

- 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 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  
Construction Codes and Licensing Division  
License and Certification – Water Conditioning Contractor  
PO Box 64222  
St Paul, MN 55165-0222

**NOTE:** Applications will not be approved and the license, certificate, or registration applied for will not be issued unless all of the conditions identified on the application and in the applicable sections of Minnesota Statutes, Chapter 326B are in compliance. Pursuant to M.S. § 326B.082, the Department may revoke, suspend or refuse to issue any license granted when the licensee and/or applicant knowingly and willfully makes a false statement in any license application.

**This material can be made available in different formats, such as large print, Braille or on audio.**



CC0195

Mailing Address:  
 PO Box 64220  
 St. Paul, MN 55164-0220

## Water Conditioning Contractor BUSINESS LICENSE APPLICATION

E-Mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
 Directions: <http://www.dli.mn.gov/Direct.asp>  
 Phone: (651) 284-5034

New     Renewal     Business Entity Change or  
 Structure Change

New Water Conditioning Contractor \$168.00  
 Renew Water Conditioning Contractor (expired includes late fee) \$248.00

SPACE IN BOX FOR OFFICE USE ONLY	
Account Numbers 632444	STK B42WCLIC
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
<p><b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.</p>	
APPLICATION NUMBER:	

**Depositing of fee does not constitute granting of the certificate applied for.  
 APPLICATION FEES ARE NONREFUNDABLE**

**Avoid processing delays by uploading your  
 completed application online at:  
<https://secure.doli.state.mn.us/license/intro.aspx>**

**\*A late fee is due if the renewal is received by DLI after the expiration date per  
 Minn. Stat. § 326B.092; subd. 3**

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 have been issued a certificate of exemption, 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.

1. MINNESOTA SECRETARY OF STATE (SOS) REGISTRATION: Is your business name(s) registered with SOS?    YES    NO  
 IF "NO" please visit MN Secretary of State (SOS) – <http://mbisportal.sos.state.mn.us/> to verify registration or call 651-296-2803 or 1-877-551-6767 for questions about your SOS business registration filing status. Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State.

2. BUSINESS TYPE: (check only one)      Specify the state business is organized in: \_\_\_\_\_  
 Individual Proprietor (IP)                       Corporation (CORP)                       Limited Liability Company (LLC)  
 Partnership (PT)                                       Foreign Corporation                       Foreign Limited Liability Company  
 Limited Liability Partnership (LLP)                       Other (specify) \_\_\_\_\_

3. FEDERAL TAX ID NUMBER (FEIN) (Tax # call: 1-800-829-4933)      4. MINNESOTA TAX ID NUMBER (Tax # call: 651-282-5225)

If the applicant is an individual proprietor (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.      5. SOCIAL SECURITY NUMBER

6. LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP)	FULL LEGAL NAME OF INDIVIDUAL PROPRIETOR (IP) OR PARTNERS (PT)
DBA NAME (Doing business as name / assumed name – if applicable)	DBA NAME (Doing business as name / assumed name – Required)

7. PHYSICAL BUSINESS STREET ADDRESS (PO Box is not acceptable)	CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (PO Box is acceptable - if applicable)	CITY	STATE	ZIP CODE
BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS	

8. ALL OUT OF STATE BUSINESSES, except states that are contiguous (i.e. Iowa, Wisconsin, South Dakota and North Dakota) with Minnesota, must provide the name and address of a registered agent in this state authorized to receive service of process and by signing this application hereby give consent to service of process as required by M.S. § 326B.855

MINNESOTA REGISTERED AGENT NAME

REGISTERED AGENT'S MINNESOTA ADDRESS	CITY	STATE	ZIP CODE
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BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS
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9. DO YOU HAVE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, UNEMPLOYMENT INSURANCE NUMBER (Unemployment # call: 651-296-6141)
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10. RESPONSIBLE PERSON INFORMATION *\*Search an individual's name on DLI website <https://secure.doli.state.mn.us/lookup/licensing.aspx>*

Full Legal Last Name	Full Legal First Name	MI	Suffix (Jr, Sr, I, II)
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Residential Address	City State Zip Code
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*MASTER Plumber / Restricted Plumber License Number:	Daytime Telephone Number	Email Address
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This is to certify that the business making this application is in compliance with the provisions of M.S. § 326B.50 to 326B.59, all rules adopted under these sections, the Minnesota Plumbing Code, as well as all orders issued under M.S. § 326B.082, and:

- a) Compensation of any employee doing water conditioning work will be reported on an Internal Revenue Service W-2 form.
- b) Where required, all water conditioning work will be performed by licensed individuals or registered unlicensed individuals under the personal on-the-job supervision of properly licensed individuals in accordance with M.S. § 326B.55.
- c) I will immediately notify the department in writing of any change of address, telephone number, change of business structure, change of responsible individual, employment of others, or other information required on my application.
- d) 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

I hereby declare that all statements provided herein are true and complete, with the same force and effect as though given under oath.

One of the officers listed on the attached **Disclosure of Business Owners, Partners, Officers and Members Form** must sign below as the applicant. If the business type is a partnership then all partners must sign.

PRINT APPLICANT NAME	APPLICANT SIGNATURE	TITLE	DATE
PRINT APPLICANT NAME	APPLICANT SIGNATURE	TITLE	DATE

This material can be made available in different formats, such as large print, Braille or on Audio.



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

## Disclosure of Business Owners, Partners, Officers and Members

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Web Site: [www.dli.mn.gov/cclcd.asp](http://www.dli.mn.gov/cclcd.asp)  
 Directions: <http://www.dli.mn.gov/Direct.asp>  
 Phone: (651) 284-5034

**This form must be completed by all business types.**

Minnesota Statutes § 270C.72, Subd. 4, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Business Identification Number and the social security numbers of all individual owners, partners, officers, and other members of the business entity, who are liable for delinquent taxes. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's social security number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application. Once you have been issued a certificate of exemption, all information on this form with the exception of your social security number and nondesignated address becomes public data and may be released to anyone upon request.

**LEGAL BUSINESS NAME OF CONTRACTOR (CORP, LLC, LLP) or Full Legal Name of Individual Proprietor (IP) or Partners (PT)**

**DBA NAME** (Doing business as name / assumed name – if applicable)

<b>PHYSICAL BUSINESS ADDRESS</b> (PO Box not accepted)	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>BUSINESS TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>		

**LIST ALL Owners, Officers, Partners, and Members (copy this form if more space is needed)**

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
Is the residential address a non-designated (Private) address? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, you must provide a designated (Public) address.</b>				
DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
<b>APPLICANT SIGNATURE (mandatory)</b>	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
Is the residential address a non-designated (Private) address? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, you must provide a designated (Public) address.</b>				
DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
<b>APPLICANT SIGNATURE (mandatory)</b>	TITLE (owner, partner, officer, or member, etc...)			DATE

LAST NAME (include suffix Jr., Sr., I, II etc.)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY # (mandatory)	DATE OF BIRTH (mandatory)
RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
Is the residential address a non-designated (Private) address? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, you must provide a designated (Public) address.</b>				
DESIGNATED (Public) ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO
<b>APPLICANT SIGNATURE (mandatory)</b>	TITLE (owner, partner, officer, or member, etc...)			DATE

**This material can be made available in different formats, such as large print, Braille or on audio.**

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services / Water Conditioning  
PO Box 64222  
St. Paul, MN 55164-0222  
Phone: (651) 284-5034



CC0516

## Water Conditioning Contractor Code Compliance Bond

E-mail: DLI.License@state.mn.us  
Website: www.dli.mn.gov

BOND NO.	AMOUNT	EFFECTIVE DATE
	<b>\$3,000.00</b>	

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 (\$3,000.00)** 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, 2017**. 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 (\$3,000.00)**.

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 \_\_\_\_\_

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing  
 Licensing and Certification Services – Water Conditioning  
 443 Lafayette Road North  
 St. Paul, MN 55155  
 Phone: (651) 284-5034  
 TTY/MRS: (651) 297-4198



CC0512

## Certificate of Insurance Covering General Liability and Property Damage

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Webpage: [www.dli.mn.gov/cclld.asp](http://www.dli.mn.gov/cclld.asp)

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.**

**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.46, Subd. 2.

LICENSE TYPE  Water Conditioning Contractor	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)	
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"/> <b>Check - Mandatory</b> 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 public liability insurance (including product liability insurance) with limits of at least \$50,000 per person and \$100,000 per occurrence and property damage insurance with limits of at least \$10,000.	
CITY	STATE	ZIP CODE	This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.
MAILING ADDRESS (if different from above)			
NAME OF INSURANCE COMPANY		NAIC ID	
CITY	STATE	ZIP CODE	INSURANCE AGENT'S NAME (Print)
<b>Data Practices Notice</b> 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
ADDRESS			
CITY		STATE	ZIP CODE
INSURANCE AGENT'S SIGNATURE		DATE	

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

**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.



CC0515

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
Telephone: (651) 284-5034

## Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR REGISTRATION WILL NOT BE ISSUED WITHOUT THE FOLLOWING  
INFORMATION. *You must complete number 1 or 2 below.***

### NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

### NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees) Explain why your employees are not covered:  
\_\_\_\_\_
- Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on an Audio.



CC0517

## Certificate of Responsible Individual Water Conditioning Master

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

Check if Change of Responsible Individual

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)

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
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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:

- 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.
- 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.
- 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.
- 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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This material can be made available in different formats, such as large print, Braille or on audio.