



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

## Certificate of Responsible Individual Master HPP Pipefitter

Email: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Website: [dli.mn.gov](http://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 (Master HPP Pipefitter)

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)
Residential Address			City State Zip		
Public Mailing Address (if different from residential address)			City State Zip		

### CONTRACTOR LICENSE INFORMATION or REGISTERED EMPLOYER 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

This is to certify that pursuant to M.S. § 326B.921, Subd. 2, I am the designated responsible licensed master high pressure piping pipefitter for the licensed entity named above and, as such, I will be responsible for:

- the performance of all high pressure piping work in accordance with M.S. § 326B.920 to 326B.925, Minnesota Rules Chapter 5230, 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 business entity as required under M.S. § 326B.92.
- ensuring that permits are filed with the department or applicable inspection jurisdiction before the start of high pressure piping work.
- notifying the department 15 days in advance of resigning as the responsible licensed individual with said entity, or immediately upon termination by the employer.

I further certify, that if I am not identified as an owner, partner, officer, or member of the contractor or registered employer named above, then I am a full-time employee as required by M.S. § 326B.92, Subd. 2. If employed as a managing employee, I understand that I may be the employee of only on high pressure piping business entity at a time.

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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