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

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## Unlicensed Individual – HPP Registration Application / Renewal

## 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				OFFICE USE ONLY						
SELECT YOUR FORM OF REGISTRATION:			Account Number 632457			632457	STK	B42HPPLIC		
☐ New Registration		\$14.00	Check Number			Amount Paid				
☐ Renew Registration (not expired)		\$14.00								
Renew Registration (expired)		\$19.00		PCK	DLI Dep	osit Date				
☐ Reinstate Registration (expired over 12 mo)		\$19.00				at to Minnesota checks returned for				
If you are or were registered as an unlicensed individual to install high pressure piping (HPP), provide your registration number.	REGISTRATION	REGISTRATION NUMBER			non-payment will be service charge and n issuer to additional c					
PRINT IN INK OR TYPE			APPLICATION NUMBER:							
Make a copy of this application for your records										
NEW REGISTRATION	RENEW REG	RENEW REGISTRATION			,			REINSTATE REGISTRATION		
Individuals performing HPP work without a Minnesota HPP Pipefitter's license must be registered as an unlicensed individual. Select New Registration if you have never been previously registered as an unlicensed individual.	t current or has t 12 months ma Renewing a re of accrued wo	Individuals who have a recurrent or has been expire 12 months may renew the Renewing a registration prof accrued work experience A late fee of \$5.00 is requenced to the second s			ed for less than registration. revents the loss ce. uired for late			Unlicensed individuals performing HPP work may reinstate a registration that has been expired for more than 12 months. Accrued work experience during the unregistered period is lost and may not be applied toward licensure.		

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	ER DATE OF BIRTH (MM/DD/YYYY		AREA CODE & PHO	ONE NUMBER	E-MAIL ADDRESS			
LEGAL LAST NAME SUFFIX (JR, SR, II,		UFFIX (JR, SR, II, III)	LEGAL FIRST NAM	E	LEGAL MIDDLE NAME			
RESIDENTIAL ADDRESS			PUBLIC MAILING ADDRESS (if different from residential address)					
СІТҮ	STATE	ZIP CODE	CITY		STATE	ZIP CODE		
Is the Residential address above a non-designated (private) address?	☐ Yes ☐ No		If <b>yes</b> , 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 audio.