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

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov
Phone: (651) 284-5034

Water Conditioning Contractor

BUSINESS APPLICATION INSTRUCTIONS

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 https://mn.gov/deed/business/starting-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

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Water Conditioning Contractor

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.

☐ **License fee:**

Initial Application (NEW)	$188.00
Renewal Application (not expired)	$188.00
Renewal Application (expired includes late fee)	$278.00

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

☐ **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 Surety Bond** **NOTE: A NEW BOND IS ONLY REQUIRED IF YOU ARE A NEW CONTRACTOR, CHANGED BONDING COMPANIES OR CHANGED BUSINESS STRUCTURE.** Bond form must be issued, signed, sealed and notarized by the Surety Company and must be accompanied by the Power of Attorney form. Photocopies are accepted. 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/ccld/PDF/ccld_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.

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.

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DEPARTMENT OF LABOR AND INDUSTRY

Water Conditioning Contractor BUSINESS LICENSE APPLICATION

☐ **New** ☐ **Renewal** ☐ **Business Entity Change or Structure Change**

☐ New Water Conditioning Contractor	$188.00
☐ Renew Water Conditioning Contractor (not expired)	$188.00
☐ Renew Water Conditioning Contractor (expired includes late fee)	$278.00

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**

SPACE IN BOX FOR OFFICE USE ONLY	
Account Numbers 632444	**STK B42WCLIC**
☐ **PCK** ☐ **CCK** ☐ **MO**	**DLI Deposit Date**
NOTICE: 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.	
APPLICATION NUMBER:	

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://mblsportal.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	MINNESOTA TAX ID NUMBER Tax # call: 651-282-5225	LICENSE # (if applicable)
If the applicant is an individual proprietor (sole proprietor) or a one-member limited liability company they must provide a Social Security Number.	. SOCIAL SECURITY NUMBER	

4. 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)

5. 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

6. 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 herby 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

BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS

7. DO YOU HAVE EMPLOYEES? ☐ YES ☐ NO	If Yes, UNEMPLOYMENT INSURANCE NUMBER (Unemployment # call: 651-296-6141)

8. 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)

Residential Address	City State Zip Code

*MASTER Plumber / Restricted Plumber License Number:	Daytime Telephone Number	Email Address

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) All advertising and business forms will be in the name shown on the bond form.

c) 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.

d) 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.

e) I understand that an individual may be the responsible licensed individual for only one contractor or employer.

f) 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.

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DEPARTMENT OF LABOR AND INDUSTRY

Disclosure of Business Owners, Partners, Officers and Members

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)	**LICENSE NUMBER**

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

PHYSICAL BUSINESS ADDRESS (PO Box not accepted)	**CITY**	**STATE**	**ZIP CODE**

BUSINESS TELEPHONE NUMBER	**EMAIL ADDRESS**

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 NUMBER	DATE OF BIRTH (mandatory)

RESIDENTIAL ADDRESS	CITY STATE ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address? ☐ Yes ☐ No If **yes,** you must provide a designated (Public) address.

DESIGNATED (Public) ADDRESS	CITY STATE ZIP CODE	TELEPHONE NO

APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc…)	DATE

LAST NAME (include suffix Jr., Sr., I, II etc.) FIRST NAME MIDDLE NAME	SOCIAL SECURITY NUMBER)	DATE OF BIRTH (mandatory)

RESIDENTIAL ADDRESS	CITY STATE ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address? ☐ Yes ☐ No If **yes,** you must provide a designated (Public) address.

DESIGNATED (Public) ADDRESS	CITY STATE ZIP CODE	TELEPHONE NO

APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc…)	DATE

LAST NAME (include suffix Jr., Sr., I, II etc.) FIRST NAME MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mandatory)

RESIDENTIAL ADDRESS	CITY STATE ZIP CODE	TELEPHONE NO

Is the residential address a non-designated (Private) address? ☐ Yes ☐ No If **yes,** you must provide a designated (Public) address.

DESIGNATED (Public) ADDRESS	CITY STATE ZIP CODE	TELEPHONE NO

APPLICANT SIGNATURE (mandatory)	TITLE (owner, partner, officer, or member, etc…)	DATE

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DEPARTMENT OF LABOR AND INDUSTRY

Water Conditioning Contractor Surety Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	$3,000.00	

PRINT IN INK or TYPE

KNOW ALL PERSONS BY THESE PRESENTS:

THAT _____
(Business name as registered with the Office of the Minnesota Secretary of State; or if individual proprietor, individual's name.)

_____
(DBA or "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 hereby held and firmly bound to the state of Minnesota and any person injured or suffering financial loss by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules related to the Principal's license or any permit applied for and all contracts entered into, in the penal sum of THREE THOUSAND DOLLARS ($3,000.00).

For payment of this sum, Principal and Surety bind themselves, their heirs, representatives, successors and assigns, jointly and firmly by these presents. THE CONDITION of the above obligation is such that WHEREAS the said Principal is making application with the Minnesota Department of Labor and Industry to be licensed as, or has been licensed as, a water conditioning contractor with specific privileges and responsibilities under Minnesota Statutes, section 326B, as amended, Minnesota Rules, chapters 4714 and 4716, as amended, for all water conditioning work and contracts entered into within the state.

NOW THEREFORE, if said Principal shall faithfully and lawfully perform the duties, and in all things comply with the laws and rules, including all amendments thereto, pertaining to the license or permit applied for and all contracts entered into, then this obligation shall be void; otherwise to remain in full force and effect.

The aggregate liability of the Surety, regardless of the number of claims made against the bond, shall in no event exceed the amount set forth above for each two-year period the bond remains in force. The bond penalty shown above is cumulative over each two-year period the bond remains in force, the same as if a separate bond were issued every two years.

PROVIDED, it is the intention of the parties that this bond be continuous. This bond may be canceled by the Surety at any time upon giving the said Principal and the Minnesota Department of Labor and Industry 30 days' written notice, said notice to be served by certified mail, whereupon, except as to any liabilities or indebtedness incurred prior to the termination of this said 30 days' notice, the liability of the Surety under this bond shall cease. The Surety shall notify the Principal and the Minnesota Department of Labor and Industry within 15 days of any bond claim or payment which results in the penal sum of the bond falling below the legal requirement.

By their signatures below, the parties certify that the wording of this surety bond is in compliance with Minnesota Statutes, sections 326B.56, subd. 1 and 326B.0921, as constituted on the effective date of this bond. This bond shall be effective as of the effective date provided by the Surety in the field provided on this form and shall be in effect until cancellation. Effectiveness of this bond is only a component of, and does not constitute required licensure by the State of Minnesota. Principal shall not conduct work or contract to conduct work requiring licensure until the State of Minnesota has issued the license for which Principal has applied.

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 _____

SIGNATURE OF ATTORNEY IN FACT
(SURETY COMPANY) _____

File with: Minnesota Department of Labor and Industry
CCLD Licensing and Certification
443 Lafayette Road N.
St. Paul, Minnesota 55155

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 are 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 _____

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

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DEPARTMENT OF LABOR AND INDUSTRY

Certificate of Insurance
Covering General Liability and Property Damage

PRINT IN INK or TYPE. 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	LICENSE NO (if applicable)	POLICY NUMBER (pending is not acceptable)
Water Conditioning Contractor		

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)

DBA ("doing business as" or also known as an assumed name) (if applicable)

STREET ADDRESS (no PO Box)

CITY STATE ZIP CODE

☐ **Check - Mandatory**

Insurance policy meets the minimum statutory requirements.

STATUTORY REQUIREMENT

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.

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)

CITY STATE ZIP CODE

NAME OF INSURANCE COMPANY	NAIC ID

INSURANCE AGENT'S NAME (Print)

Data Practices Notice
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.

Cancellation
Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.

MN INSURANCE AGENT'S LICENSE NO.	☐ Resident ☐ Non-resident
NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER

ADDRESS

CITY STATE ZIP CODE

INSURANCE AGENT'S SIGNATURE	DATE

OFFICE USE ONLY
Date of DLI Receipt

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.

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DEPARTMENT OF LABOR AND INDUSTRY

Certificate of Compliance
Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code

County	Email address

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	**Title**	**Date**

If you have questions about completing this form or to request this form in Braille, large print or audio.

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Email: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

DEPARTMENT OF LABOR AND INDUSTRY

Certificate of Responsible Individual Water Conditioning Master

☐ **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)	DAYTME 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

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.55, Subd. 2(b), I am the designated responsible licensed individual for the contractor named above and, as such, I will be responsible for:

a) 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.
b) 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.
c) 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.
d) 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

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