



CC0517

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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)	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

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