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

Email: dli.license@state.mn.us

Website: www.dli.mn.gov Telephone: (651) 284-5034



Individual Plumber License Examination Application

Application Fee = \$50.00

PAID APPLICATION FEE IS NOT REFUNDABLE CASH IS NOT ACCEPTED BY MAIL OR WALK-IN			OFFICE USE ONLY							
Make check or money order payable to: Minnesota Department of Labor & Industry				Account Number 632441			STK	B42PLUN	ILIC	
SELECT THE LICENSE YOU ARE APPLYING FOR:				Check Number			Amour	nt Paid		
☐ Master Plumber ☐ J	ourneywo	rker P	lumber							
actoaact				□ РСК □ ССК □ МО			DLI De	posit Dat	е	
				NOTICE: Pursuant to Minnesota Statute						
Is this a license exam retest? ☐ Yes ☐ No				§ 604.113, checks returned for						
If Yes, submit application form and fee. Work experience verification form not required.			nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.							
<u> </u>				APPLICATION NUMBE	APPLICATION NUMBER			LICENSE NUMBER:		
PRINT IN INK	_									
MAKE A COPY OF THIS APPLICA	ATION FOR	YOUR	RECORDS							
REGISTERED / LICENSED INDIVIDUAL	_	WOR	K EXPERIENCE		LICENSED	D RESTRICTED MASTER PLUMBER			MBER	
☐ Registered Minnesota apprentice	е			license as holder of a	☐ Qualify for Master Plumber's lice			ber's licer	nse with	
☐ Minn. unlicensed registered indiv	/idual			worker license for at least		(5) years verified experience in				
☐ Currently licensed in another sta	te or legal		2 months	1	business as a plumbing contractor.					
jurisdiction (exam required – enclose copy of license)		MN L	ICENSE NUMBER	R ORIGINAL ISSUE DATE	MN LICENSE NUMBER ORIG ISSUE		DATE			
STATE(S) AND REGISTRATION / LICE	NSE NO.	☐ Qualify for licensure by meeting the			U.S. MILITARY PLUMBING WORK					
						may apply their plumbing work				
				d individual with DLI, bing work experience		nce in the U.S. Armed Forces toward				
				with the application.	. ,	ualifying for a plumber license.			ntation	
						DD-214 and supporting documentation				
The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you mee 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	DATE OF B	BIRTH	(MM/DD/YYYY)	AREA CODE & PHONE NUM	/IBER	E-MAIL	ADDRES	S		
LEGAL LAST NAME	SU	FFIX (JR, SR, II, III)	LEGAL FIRST NAME		LEGAL	MIDDLE	NAME		
RESIDENTIAL ADDRESS				PUBLIC MAILING ADDRESS (if different from residential address)						
CITY	ST	ATE	ZIP CODE	CITY			STATE	Z	ZIP CODE	
Is the Residential address above a non-designated (private) address?		Yes	□No	If yes , then you must provide	e a designate	d (Public)	mailing a	address.		
APPLICANT SIGNATURE						DATE S	IGNED (N	MM/DD/YY	YY)	

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PLUMBING

Work Experience Verification Form

PRINT clearly IN INK OR TYPE

MAKE A COPY OF THIS FORM FOR YOUR RECORDS

		WAKE A C	OPY OF THIS FORM	I FOR YOUR REG	CORDS		
Applicant's Legal Name:	License / Reg	License / Registration Number: (if applicable)			SSN: (Last 4 digits Only)		
Applicant's Address:	City, State, Zi	р		Email Address:	Email Address:		
To renew a registration, unlicensed individuals must prov for the registration period. Verification information requ individual's dates of employment with the employer, class public data and shall be used to qualify the registered employers during the reporting period must make co	uired includes: ss of work perfo unlicensed indi	name, addre rmed; and he vidual for an	ess, and phone nu ours worked. The i applicable license	imber of the er nformation prov exam. Individ	mployer, registered ided on this form is uals with multiple		
Employer Name	License / Regist	License / Registration Number					
Employer Address					Telephone		
City		State	Zip	Email Address			
Name of Responsible Person (Master Plumber) License Number					Title		
Qualifying work experience is verified based on a 12-more Class of Work performed by the registered individual. Blasmay be reported per 12-month registration period. Hours for demonstrating compliance. Knowingly providing inact to a civil penalty of up to \$10,000.	anks will be reco	orded as 0 hos s form must b	ours. No more than be supported by red	a total of 1,750 cords maintaine	qualifying hours d by the employer		
Complete a SEPARATE work experience for	rm for each	year of er	mployment.		eported on this form		
Date of Employment: taken from payroll records?							
Start Date: End I	☐ YES ☐	YES OTHER (specify)					
July 1							
CLASS OF WORK	For Office Use Only	Hours Worked					
DRAIN, WASTE, AND VENT INSTALLATION	DW						
FIXTURE INSTALLATION	FI						
MAINTENANCE AND REPAIR OF PLUMBING	MR						
WATER DISTRIBUTION INSTALLATION	WD						
WATER SERVICE AND SEWER INSTALLATION							
TOTAL OF ALL QUALIFYING HOURS WORKED	(Max 1,750 H	OURS PER YE	EAR)				
Form must be signed by the designated Responsible Pe employment records verify that this individual, during the the number of hours shown. The applicant's signature be	referenced emi	olovment per	iod, engaged in the	e identified class	es of work for		
RESPONSIBLE PERSON'S SIGNATURE	DATE SIGNED	APPLICANT	'S SIGNATURE		DATE SIGNED		

INSTRUCTIONS READ CAREFULLY BEFORE COMPLETING THIS FORM Employer must complete the Work Experience Verification Form

WORK EXPERIENCE VERIFICATION FORM REQUIRED

Registered unlicensed individuals, as part of renewing their registration, must provide verification of their employment by a licensed contractor or registered employer during the registration period of July 1 to June 30. This form reports the verified hours and is adapted for use by unlicensed individuals registered to perform plumbing work. The reason for verifying work hours each year along with renewing a registration is so the registered individual does not have to verify these hours when applying for a license examination. Verifying hours annually when renewing a registration enables the department to gradually qualify an individual for examination, which makes for quicker approvals. Please submit a separate work experience form for each year of experience.

Employer Information (mandatory information if business is licensed in Minnesota)

- Enter the employer's business name, address, license or registration number, contact's phone number, and email address. (NOTE: License number is mandatory, if business holds contractor license number or registered employer number in Minnesota.)
- Enter the employer's designated responsible individual's name and license number. The individual's license number must match what the department has on record as the designated responsible individual and license number.
- Only record work experience for the time period that the registered unlicensed plumber had a current registration with Department of Labor Industry.

Registered Apprentice - If part of an apprenticeship program the following is required when applying for the journey worker exam:

- Complete exam application.
- Letter from apprenticeship program, which includes hours, dates of completion and name of the apprenticeship program.

Note: Up to 24 months of practical plumbing experience prior to becoming a plumber's apprentice or registered unlicensed individual may be applied to the four-year experience requirement. However, none of this practical plumbing experience may be applied if the individual did not have any practical plumbing experience in the 12-month period immediately prior to becoming a plumber's apprentice or registered unlicensed individual.

Unlicensed Registered Plumber

- Complete information on the form for the registered individual.
- The work period being verified is the 12-month registration period of July 1st to June 30th of each year and only for the months in which you had a current registration with Department of Labor & Industry.
- Provide exact dates of employment during the 12-month registration period (July 1st to June 30th). Include the month, day, and year.
- Indicate whether the hours reported on the form are taken from payroll records; and if not, specify the other forms of documentation used to verify the individual's work experience.
- For each class of work identified, enter the actual hours the individual performed that class of work during the registration period. (Note: Blanks will be assigned 0 hours.)
- Enter the total number of plumbing work hours verified, which may not exceed 1,750 hours.
- Complete mailing address information for the unlicensed individual's. Updates to the individual's personal or mailing address may be noted on the registration renewal form. Address changes may also be made using a form available online at http://www.dli.mn.gov/workers/plumber/licensing-personal-plumber-licenses.

Certification Signature and Date

- The employer's designated responsible individual must certify, with a signature, that the registered unlicensed individual performed the identified classes of work for the number of hours entered on the form during the 12-month registration period.
- The registered unlicensed individual's signature on the form acknowledges agreement with the information verified by the employer.

QUALIFYING FOR A LICENSE EXAMINATION Work verification is for the following license classifications, which require a minimum number of months/hours qualifying work experience to become licensed. Detailed information on qualifying for a license exam is available at www.dli.mn.gov				
License Class	Law (Rule)	Requirement	Minimum Requirements	
Plumber Journey Worker	326b.46 Law 4716.0020 Rule	7,000 hours	2000 hours drain, waste, vent installation 1000 hours fixture installation 2000 hours water distribution installation	
Plumber Master	326B.46 Law 4716.0020 Rule	1, 750 hours	Must have at least one year of practical plumbing experience as a licensed journey worker plumber; or A current master plumber license from another state where the requirements of the licensing jurisdiction are equivalent to those of Minnesota, as determined by the commissioner; or A current Minnesota restricted master plumber license and five years of verifiable experience in business as a plumbing contractor in Minnesota.	