

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing / Plumbing
PO Box 64222
St. Paul, MN 55164-0222

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

Plumbing Employer Registration

Registration Application Checklist Fill out application form in its entirety

CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

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 Fees \$100.00** Make check or money order payable to the **Department of Labor & Industry**
- New Plumbing Employer Registration Application Form**
The application form must be complete and signed. All information requested on the application form must be provided and complete. Incomplete applications will be deficient and delay processing.
- Workers' Compensation Certification of Compliance Form**
All applicants must provide evidence of compliance with Minnesota's workers' compensation insurance requirement. You may provide a certificate of insurance showing your business is covered by workers' compensation insurance. Or, you may complete and submit the department's Certificate of Compliance with Minnesota's Workers' Compensation Laws, which is available online at www.dli.mn.us/cclid/forms.asp. Applicants claiming exemption from workers' compensation insurance coverage must complete the certificate of compliance form in its entirety and sign the form. A missing, incomplete or inaccurate certificate will cause the application to be deficient and delay processing.
- Certificate of Responsible Individual (Master Plumber / Restricted Master Plumber)**
All applicants must submit a Certificate of Responsible Individual. A missing, incomplete, or inaccurate certificate will cause the application to be deficient and delay processing.

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

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services / Electrical
 PO Box 64222
 St. Paul, MN 55164-0222



**PLUMBING EMPLOYER REGISTRATION
 APPLICATION**

New Renewal Business Structure Change
 (New Registration # will be issued)

License Fees = \$100.00

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
 MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

**LICENSING FEES ARE NONREFUNDABLE
 Depositing of license fee does not constitute
 granting of the license applied for.**

**A Certificate of Responsible Individual completed by the
 Master Plumber or Restricted Master Plumber must be
 submitted along with this application before a registration
 will be issued.**

PRINT IN INK OR TYPE

MAKE A COPY OF THIS APPLICATION FOR YOUR RECORD

SPACE IN BOX FOR OFFICE USE ONLY	
Account # 632441	STK B42MPLUMLIC
Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> 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:	REGISTRATION 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 certification 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 your certificate is issued, 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. FEDERAL EMPLOYER TAX NUMBER (FEIN)		2. MINNESOTA TAX NUMBER (MN ID)			
3. EMPLOYER LEGAL BUSINESS NAME			4. TELEPHONE NUMBER		
5. PHYSICAL ADDRESS (PO Box Not acceptable)		CITY	STATE	ZIP CODE	COUNTY
6. MAILING ADDRESS (PO Box is acceptable) (if applicable)		CITY	STATE	ZIP CODE	COUNTY
7. EMPLOYER CONTACT NAME		8. CONTACT E-MAIL		9. CONTACT TELEPHONE	

10. This is to certify that the company making this application is in compliance with the provisions of M.S. § 326B.41 to 326B.49, all rules adopted under these sections, and MS § 326B.50 to 326B.59, as well as all orders issued under M.S. § 326B.082, including:

- a) Compensation of any employee doing plumbing work will be reported on an Internal Revenue Service W-2 form.
- b) Where required, all plumbing work will be performed by properly licensed individuals or properly registered unlicensed individuals under the personal on-the-job supervision of a properly licensed individual. One licensed person shall supervise such unlicensed persons in accordance with M.S. § 326B.47.
- c) 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.
- d) I understand that an individual may be the responsible individual for only one licensed contractor.
- e) I understand and accept that the Department of Labor and Industry pursuant to 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 any statements herein are true and complete, with the same force and effect as though given under oath.

One of the business Owners, Partners, Officers or Members must sign below as the applicant.

APPLICANT SIGNATURE	TITLE	DATE
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This material can be made available in different formats, such as large print, Braille or on audio.



CC0517

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Certificate of Responsible Individual

- Check if Change of Responsible Individual
 Master Plumber Restricted Master Plumber

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 Plumber, Restricted Master Plumber)

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	

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
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This is to certify that pursuant to M.S. §326B.46, Subd.1b, I am the designated responsible licensed individual for the licensed contractor or registered employer named above and, as such, I will be responsible for:

- the performance of all plumbing work in accordance with M.S. § 326B.41 to 326B.49, all rules adopted under these sections, the Minnesota Plumbing Code, 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 contractor or registered employer as required under M.S. § 326B.47.
- ensuring that permits or inspection forms are filed with the applicable inspection jurisdiction before the commencement of plumbing work or in accordance with the jurisdiction's requirements.
- notifying the department 15 days in advance of resigning as the responsible licensed individual with said contractor or registered employer, or immediately upon termination by said contractor or registered 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 managing employee as required by M.S. § 326B.46, Subd. 1b. If employed as a managing employee, I understand that I may not perform plumbing work for any other employer. I also understand that under M.S. § 326B.46, Subd. 1b, I am prohibited from being the responsible individual for more than one contractor or registered employer.

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



CC0515

E-mail: dli.license@state.mn.us
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Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, Section 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 Minnesota Statutes, 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.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

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

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
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COUNTY	E-MAIL ADDRESS
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YOUR LICENSE OR REGISTRATION WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees) Explain why your employees are not covered:
- _____
- Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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