

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



CC0506

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 Website: www.dli.mn.gov/ccld.asp  
 Phone: (651) 284-5031  
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## Individual Water Conditioning License Examination Application

**PAID APPLICATION FEE IS NOT REFUNDABLE  
 CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

**Application Fee = \$50.00**

<p><b>MAKE CHECK OR MONEY ORDER PAYABLE TO:          MINNESOTA DEPARTMENT OF LABOR &amp; INDUSTRY</b></p>	<p><b>SPACE IN BOX FOR OFFICE USE ONLY</b></p>								
<p><b>SELECT THE LICENSE YOU ARE APPLYING FOR:</b></p> <p><input type="checkbox"/> <b>Water Conditioning Master</b></p> <p><input type="checkbox"/> <b>Water Conditioning Journeyman</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <b>Account Number</b>    632444         </td> <td style="width: 40%;"> <b>STK</b>    B42WCLIC         </td> </tr> <tr> <td> <b>Check Number</b> </td> <td> <b>Amount Paid</b> </td> </tr> <tr> <td> <input type="checkbox"/> <b>PCK</b>    <input type="checkbox"/> <b>CCK</b>    <input type="checkbox"/> <b>MO</b> </td> <td> <b>DLI Deposit Date</b> </td> </tr> <tr> <td colspan="2"> <p><b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for non-payment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.</p> </td> </tr> </table>	<b>Account Number</b> 632444	<b>STK</b> B42WCLIC	<b>Check Number</b>	<b>Amount Paid</b>	<input type="checkbox"/> <b>PCK</b> <input type="checkbox"/> <b>CCK</b> <input type="checkbox"/> <b>MO</b>	<b>DLI Deposit Date</b>	<p><b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for non-payment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.</p>	
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<p><b>Is this a license exam retest?</b>    <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>    <b>If Yes, application form only. No verification form needed.</b></p>	<p><b>APPLICATION NUMBER:</b></p>								
<p><b>PRINT IN INK OR TYPE          MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS</b></p>	<p><b>MASTER LICENSE QUALIFICATIONS</b></p> <p><input type="checkbox"/> I qualify with at least 12 months experience in planning and supervising the installation and servicing of water equipment (attach verification form).</p>								
<p><b>JOURNEYMAN LICENSE QUALIFICATIONS</b></p> <p><input type="checkbox"/> I qualify with at least 6 months experience in the field of water conditioning installation and servicing (attach verification form).</p>	<p><b>MASTER LICENSE QUALIFICATIONS</b></p> <p><input type="checkbox"/> I qualify with at least 12 months experience in planning and supervising the installation and servicing of water equipment (attach verification form).</p>								

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, 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.

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>AREA CODE &amp; PHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>
<b>LEGAL LAST NAME</b>	<b>SUFFIX (JR, SR, II, III)</b>	<b>LEGAL FIRST NAME</b>	<b>LEGAL MIDDLE NAME</b>
<b>RESIDENTIAL ADDRESS</b>		<b>PUBLIC MAILING ADDRESS (if different from residential address)</b>	
<b>CITY NAME</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CITY NAME</b>
<b>CITY NAME</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CITY NAME</b>
Is the Residential address above a non-designated (private) address?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>yes</b> , then you must provide a designated (Public) mailing address.		
<b>APPLICANT SIGNATURE</b>			<b>DATE SIGNED (MM/DD/YYYY)</b>

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

