

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 PO Box 64217
 St. Paul, MN 55164-0217

High Pressure Piping Work Experience Verification Form



CC0100

Phone: 651.284.5031
 Fax: 651.284.5743
 Email: dli.exam@state.mn.us
 Web site: www.dli.mn.gov

LICENSURE AND EXAM APPLICATION ONLY

Applicant's Legal Name: _____ License: <input type="checkbox"/> Master HPP Pipefitter <input type="checkbox"/> Journeyworker HPP Pipefitter	<div style="border: 1px solid black; padding: 5px; text-align: center;"> (DLI Office Use) (Date Received ONLY) </div>
SSN - Last 4 Only: _____	

To apply for licensure and examination, the applicant must provide verification of their employment and qualifying work. Verification information required includes: name, address, and phone number of the employer, applicant's dates of employment with the employer, class of work performed; and hours worked. The information provided on this form is public data and shall be used to qualify the individual identified above for licensure and examination. **Individuals with multiple employers during the reporting period must make copies of the form and have each employer complete separate verification.**

PRINT IN INK or TYPE

EMPLOYER NAME or MN REGISTERED APPRENTICESHIP PROGRAM			LICENSE / REGISTRATION NUMBER
EMPLOYER ADDRESS			PHONE NUMBER
CITY	STATE	ZIP CODE	EMAIL ADDRESS
RESPONSIBLE INDIVIDUAL (responsible for applicant's work for employer)			TITLE

Qualifying work experience is verified based on a 12-month work period. Time reported on this form must be supported by records maintained by the employer for demonstrating compliance. Knowingly providing inaccurate or fraudulent information may constitute a violation and subject the violator to a civil penalty of up to \$10,000.

Dates of Employment between Start Date and End Date FROM: _____ TO: _____	Are the hours reported on this form taken from payroll records? <input type="checkbox"/> YES <input type="checkbox"/> OTHER (specify) _____
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	DATES WORKED	
EMPLOYER: Type of Work Completed	From: MM/YY	To: MM/YY

Form must be signed by the designated Responsible Person and Applicant.

I certify that I personally know or that the employer's employment records verify that this individual, during the referenced employment period, engaged in the identified classes of work for the number of hours shown. The applicant's signature below acknowledges agreement with the information provided on this form.

RESPONSIBLE PERSON'S SIGNATURE	DATE SIGNED	APPLICANT'S SIGNATURE	DATE SIGNED
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