

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



Mailing Address:
 P.O. Box 64222
 St. Paul, MN 55164-0222

Email: dli.license@state.mn.us
 Website: <http://www.dli.mn.gov/ccld.asp>
 Phone: (651) 284-5031

**Backflow Registration
 Backflow Prevention Rebuilder
 Backflow Prevention Tester**

New \$28.00 Renewal \$28.00 Renewal Late \$38.00

**REGISTRATION FEE IS NONREFUNDABLE
 CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

SPACE IN BOX FOR OFFICE USE ONLY

Registrations are not renewable prior to 60 days before expiration.

Backflow Prevention Rebuilder
 (Minnesota plumbing license required)

Backflow Prevention Tester
 (Minnesota plumbing license not required)

*** A late fee is due if the renewal is received by DLI after the
 expiration date per Minn. Stat. § 326B.092; subd. 3**

Account Number 632441		STK B42PLUMLIC
Check Number		Amount Paid
PCK	CCK	MO
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.		DLI Deposit Date

**PRINT clearly IN INK OR TYPE
 MAKE A COPY OF THIS FORM FOR YOUR RECORDS**

APPLICATION NUMBER:	LICENSE 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 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.

Avoid processing delays by submitting your application online at <https://secure.doli.state.mn.us/license/intro.aspx>

SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	AREA CODE & PHONE NUMBER	E-MAIL ADDRESS
LEGAL LAST NAME	SUFFIX (JR, SR, II, III)	LEGAL FIRST NAME	LEGAL MIDDLE NAME
RESIDENTIAL ADDRESS		PUBLIC MAILING ADDRESS (if different from residential address)	
CITY NAME	STATE	ZIP CODE	CITY NAME STATE ZIP CODE

Is the Residential address above a non-designated (private) address? Yes No
 If **yes**, then you must provide a designated (Public) mailing address.

Reduced Pressure Backflow Prevention Certification Program

I completed a reduced pressure zone backflow certification program and was issued a backflow RPZ tester unlimited card or backflow RPZ tester card by the ASSE International. Enclosed is a copy of the certificate issued to me by the certification program.

APPLICANT SIGNATURE	DATE
----------------------------	-------------