

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



CC0503

Email: dli.exam@state.mn.us
 Website: www.dli.mn.gov
 Phone: (651) 284-5031

Individual HPP Pipefitter License Examination Application

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

Application Fee = \$50.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY	SPACE IN BOX FOR OFFICE USE ONLY								
SELECT THE LICENSE YOU ARE APPLYING FOR: <input type="checkbox"/> Master High Pressure Pipefitter <input type="checkbox"/> Journeyworker High Pressure Pipefitter	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Account Number 632457</td> <td style="width: 40%;">STK B42HPPLIC</td> </tr> <tr> <td>Check Number</td> <td>Amount Paid</td> </tr> <tr> <td> <input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO </td> <td>DLI Deposit Date</td> </tr> <tr> <td colspan="2"> NOTICE: 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. </td> </tr> </table>	Account Number 632457	STK B42HPPLIC	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 non-payment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	
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Is this a license exam retest? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, application form only. No work verification forms.	APPLICATION NUMBER:								
PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS									

REGISTERED / LICENSED INDIVIDUAL <input type="checkbox"/> Registered MN apprentice pipefitter <input type="checkbox"/> MN registered unlicensed individual (RF) <input type="checkbox"/> MN licensed journeyworker pipefitter (HJ) <input type="checkbox"/> Registered apprentice pipefitter (non-MN) STATE(S) AND REGISTRATION/LICENSE NO.	MN JOURNEYWORKER HPP PIPEFITTER LICENSE <input type="checkbox"/> 48 months verified pipefitting work experience for Journeyworker HPP pipefitter (attach verification form(s)).	MN CONTRACTING HPP PIPEFITTER LICENSE <input type="checkbox"/> 12 months verified pipefitting work experience as a licensed journeyworker HPP pipefitter (attach verification form). <input type="checkbox"/> 60 months verified pipefitting work experience (attach verification form(s)).
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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.

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.**

APPLICANT SIGNATURE	DATE SIGNED (MM/DD/YYYY)
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This material can be made available in different forms, such as large print, Braille or on an audio.

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 PO Box 64217
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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	(DLI Office Use) (Date Received ONLY)
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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