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

Email: dli.license@state.mn.us
Website: www.dli.mn.gov
Telephone: (651) 284-5034

DEPARTMENT OF LABOR AND INDUSTRY

Individual Plumber License Examination Application

Application Fee = $50.00

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

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

SELECT THE LICENSE YOU ARE APPLYING FOR:

☐ **Master Plumber** ☐ **Journeyworker Plumber**

Is this a license exam retest? ☐ **Yes** ☐ **No**

If Yes, submit application form and fee.
Work experience verification form not required.

PRINT IN INK OR TYPE
MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS

OFFICE USE ONLY

Account Number 632441	**STK** B42PLUMLIC
Check Number	**Amount Paid**
☐ **PCK** ☐ **CCK** ☐ **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:	**LICENSE NUMBER:**

REGISTERED / LICENSED INDIVIDUAL

☐ Registered Minnesota apprentice
☐ Minn. unlicensed registered individual
☐ Currently licensed in another state or legal jurisdiction (exam required – enclose copy of license)

STATE(S) AND REGISTRATION / LICENSE NO.

WORK EXPERIENCE

☐ Qualify for master license as holder of a Minnesota journeyworker license for at least 12 months

MN LICENSE NUMBER | **ORIGINAL ISSUE DATE**

☐ Qualify for licensure by meeting the minimum work experience requirements for the selected license. **If not registered as an unlicensed individual with DLI, submit the plumbing work experience verification form with the application.**

LICENSED RESTRICTED MASTER PLUMBER

☐ Qualify for Master Plumber's license with five (5) years verified experience in business as a plumbing contractor.

MN LICENSE NUMBER | **ORIG ISSUE DATE**

U.S. MILITARY PLUMBING WORK EXPERIENCE

Applicants may apply their plumbing work experience in the U.S. Armed Forces toward qualifying for a plumber license.

☐ DD-214 and supporting documentation

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 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 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	**STATE ZIP CODE**	**CITY**	**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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DEPARTMENT OF LABOR AND INDUSTRY

PLUMBING

Work Experience Verification Form

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

Applicant's Legal Name:	License / Registration Number: (if applicable)	SSN: (Last 4 digits Only)
Applicant's Address:	**City, State, Zip**	**Email Address:**

To renew a registration, unlicensed individuals must provide verification of their employment by a licensed contractor or registered employer for the registration period. Verification information required includes: name, address, and phone number of the employer, registered individual'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 registered unlicensed individual for an applicable license exam. **Individuals with multiple employers during the reporting period must make copies of the form and have each employer complete a separate verification.**

Employer Name			License / Registration Number
Employer Address			Telephone
City	State	Zip	Email Address
Name of Responsible Person (Master Plumber)		License Number	Title

Qualifying work experience is verified based on a 12-month registration period of July 1 to June 30. Actual hours must be reported by Class of Work performed by the registered individual. Blanks will be recorded as 0 hours. No more than a total of 1,750 qualifying hours may be reported per 12-month registration period. Hours 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.

Complete a SEPARATE work experience form for each year of employment.

Date of Employment:

Start Date: July 1 _____	**End Date:**

Are the hours reported on this form taken from payroll records?

☐ YES ☐ OTHER (specify)

CLASS OF WORK	For Office Use Only	Hours Worked
DRAIN, WASTE, AND VENT INSTALLATION	DW	
FIXTURE INSTALLATION	FI	
MAINTENANCE AND REPAIR OF PLUMBING	MR	
WATER DISTRIBUTION INSTALLATION	WD	
WATER SERVICE AND SEWER INSTALLATION	WS	
TOTAL OF ALL QUALIFYING HOURS WORKED (MAX 1,750 HOURS PER YEAR)		

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

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

INSTRUCTIONS
READ CAREFULLY BEFORE COMPLETING THIS FORM
Employer must complete the Work Experience Verification Form

WORK EXPERIENCE VERIFICATION FORM REQUIRED

Registered unlicensed individuals, as part of renewing their registration, must provide verification of their employment by a licensed contractor or registered employer during the registration period of July 1 to June 30. This form reports the verified hours and is adapted for use by unlicensed individuals registered to perform plumbing work. The reason for verifying work hours each year along with renewing a registration is so the registered individual does not have to verify these hours when applying for a license examination. Verifying hours annually when renewing a registration enables the department to gradually qualify an individual for examination, which makes for quicker approvals. Please submit a separate work experience form for each year of experience.

Employer Information (mandatory information if business is licensed in Minnesota)

- Enter the employer's business name, address, license or registration number, contact's phone number, and email address. (NOTE: License number is mandatory, if business holds contractor license number or registered employer number in Minnesota.)
- Enter the employer's designated responsible individual's name and license number. The individual's license number must match what the department has on record as the designated responsible individual and license number.
- Only record work experience for the time period that the registered unlicensed plumber had a current registration with Department of Labor Industry.

Registered Apprentice - If part of an apprenticeship program the following is required when applying for the journey worker exam:

- Complete exam application.
- Letter from apprenticeship program, which includes hours, dates of completion and name of the apprenticeship program.

Note: Up to 24 months of practical plumbing experience prior to becoming a plumber's apprentice or registered unlicensed individual may be applied to the four-year experience requirement. However, none of this practical plumbing experience may be applied if the individual did not have any practical plumbing experience in the 12-month period immediately prior to becoming a plumber's apprentice or registered unlicensed individual.

Unlicensed Registered Plumber

- Complete information on the form for the registered individual.
- The work period being verified is the 12-month registration period of July 1st to June 30th of each year and only for the months in which you had a current registration with Department of Labor & Industry.
- Provide exact dates of employment during the 12-month registration period (July 1st to June 30th). Include the month, day, and year.
- Indicate whether the hours reported on the form are taken from payroll records; and if not, specify the other forms of documentation used to verify the individual's work experience.
- For each class of work identified, enter the actual hours the individual performed that class of work during the registration period. (Note: Blanks will be assigned 0 hours.)
- Enter the total number of plumbing work hours verified, which may not exceed 1,750 hours.
- Complete mailing address information for the unlicensed individual's. Updates to the individual's personal or mailing address may be noted on the registration renewal form. Address changes may also be made using a form available online at http://www.dli.mn.gov/workers/plumber/licensing-personal-plumber-licenses.

Certification Signature and Date

- The employer's designated responsible individual must certify, with a signature, that the registered unlicensed individual performed the identified classes of work for the number of hours entered on the form during the 12-month registration period.
- The registered unlicensed individual's signature on the form acknowledges agreement with the information verified by the employer.

QUALIFYING FOR A LICENSE EXAMINATION

Work verification is for the following license classifications, which require a minimum number of months/hours qualifying work experience to become licensed. Detailed information on qualifying for a license exam is available at www.dli.mn.gov

License Class	Law (Rule)	Requirement	Minimum Requirements
Plumber Journey Worker	326b.46 Law 4716.0020 Rule	7,000 hours	2000 hours drain, waste, vent installation 1000 hours fixture installation 2000 hours water distribution installation
Plumber Master	326B.46 Law 4716.0020 Rule	1, 750 hours	Must have at least one year of practical plumbing experience as a licensed journey worker plumber; or A current master plumber license from another state where the requirements of the licensing jurisdiction are equivalent to those of Minnesota, as determined by the commissioner; or A current Minnesota restricted master plumber license and five years of verifiable experience in business as a plumbing contractor in Minnesota.