

443 Lafayette Road North
St. Paul, MN 55155-0217

Mailing Address:
PO Box 64217
St Paul, MN 55164-0217

Plumbing Registration MEDICAL GAS (MG)

Email: dli.license@state.mn.us

Website: www.dli.mn.gov

Phone: (651) 284-5034

☐ New \$48.00 ☐ Renewal \$53.00 ☐ Renewal Late \$73.00

REGISTRATION FEE IS NONREFUNDABLE CASH IS NOT ACCEPTED BY MAIL OR WALK-IN	OFFICE USE ONLY	
Registrations are not renewable prior to 60 days before expiration date. *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	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.	
PRINT CLEARLY IN INK OR TYPE KEEP A COPY OF THIS FORM FOR YOUR RECORDS	APPLICATION 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 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.

MEDICAL GAS CERTIFICATION

I request approval of this application after successfully completing the medical gas certification program identified below:

☐ I hold a valid medical gas certification issued in accordance with ASSE 6010 and the brazer qualifications in NFPA 99C. **You must include a copy of your current valid medical gas certification along with this application.**

APPLICANT SIGNATURE	DATE
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This material can be made available in different formats, such as large print, Braille or on audio.