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mn DEPARTMENT OF LABOR AND INDUSTRY

High Pressure Piping
Work Experience Verification Form
LICENSURE AND EXAM APPLICATION ONLY

Applicant's Legal Name:	**(DLI Office Use)** **(Date Received ONLY)**

License:
☐ **Master HPP Pipefitter**
☐ **Journeyworker HPP Pipefitter**

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 a 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? ☐ YES ☐ OTHER (specify)

EMPLOYER: Type of Work Completed	**DATES WORKED** **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