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

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

New \$38.00 Renewal \$38.00 Renewal Late \$53.00

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.	Account Number	63	32441	STK	B42PLUMLIC
Backflow Prevention Rebuilder	Check Number			Amou	nt Paid
(Minnesota plumbing license required)	PCK (	CCK	MO	DLI De	posit Date
Backflow Prevention Tester (Minnesota plumbing license not required)	NOTICE: Pursuant Statute § 604.113, o				
$^{\star}$ A late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. $\S$ 326B.092; subd. 3	for nonpayment will \$30 service charge the issuer to addition	be ch and m			
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 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.

Avoid processing delays	s by submitting yo	our application	n online at <u>http</u> :	<u>s://secure.doli.</u>	state.mn.us/licens	se/intro.aspx	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	(MM/DD/YYYY)	AREA CODE & PHONE NUMBER		E-MAIL ADDRESS	3	
LEGAL LAST NAME	SUFFIX (JR, SR, II, III) LEGAL FIRST NAME LEGAL MIDDLE NAME				LEGAL MIDDLE NAME		
RESIDENTIAL ADDRESS			PUBLIC MAILING	ADDRESS (if differ	rent from residential add	ress)	
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE	
s the Residential address above	• "	•	Yes	s No			
Reduced Pressure Backflov	w Prevention Cert	ification Progr	am				
I completed a reduced p or backflow RPZ tester of certification program.							
· ·							
APPLICANT SIGNATURE			DATE				
This material can be made available in Backflow Registration Form 10.		s large print, Braille o	or on an Audio.				
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