

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 CCLD Licensing
 443 Lafayette Road North
 St. Paul, MN 55155
 Mailing Address:
 P.O. Box 64217
 St. Paul, MN 55164-0217



HPP PIPEFITTER Personal License Renewal

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

LICENSE FEE IS NONREFUNDABLE CASH IS NOT ACCEPTED BY MAIL OR WALK-IN	OFFICE USE ONLY																				
Licenses are not renewable prior to 60 days before expiration. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Renewal</u></th> <th style="width: 20%; text-align: center;"><u>Late Renewal*</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Master HPP Pipefitter (HM)</td> <td style="text-align: center;">\$88.00</td> <td style="text-align: center;">\$128.00</td> </tr> <tr> <td><input type="checkbox"/> Journeyworker HPP Pipefitter (HJ)</td> <td style="text-align: center;">\$48.00</td> <td style="text-align: center;">\$68.00</td> </tr> </tbody> </table> <p>* A late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3</p>		<u>Renewal</u>	<u>Late Renewal*</u>	<input type="checkbox"/> Master HPP Pipefitter (HM)	\$88.00	\$128.00	<input type="checkbox"/> Journeyworker HPP Pipefitter (HJ)	\$48.00	\$68.00	<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 style="text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">PCK</td> <td style="width: 33%;">CCK</td> <td style="width: 33%;">MO</td> </tr> </table> </td> <td>DLI Deposit Date</td> </tr> <tr> <td colspan="2"> 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. </td> </tr> </table>	Account Number 632457	STK B42HPPLIC	Check Number	Amount Paid	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">PCK</td> <td style="width: 33%;">CCK</td> <td style="width: 33%;">MO</td> </tr> </table>	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.	
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PRINT clearly IN INK OR TYPE MAKE A COPY OF THIS FORM FOR YOUR RECORDS	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.

Your renewal can be processed today if you do it online at <https://secure.doli.state.mn.us/license/intro.aspx>

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, then you must provide a designated (public) Mailing Address above.			
APPLICANT SIGNATURE		DATE SIGNED (MM/DD/YYYY)	

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