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

Registered Unlicensed Individual Plumbing Application/Renewal

Make check or money orde Minnesota Department of L/	SPACE IN BOX FOR OFFICE USE ONLY					
SELECT YOUR FORM OF R	Account Number	632441	STK B42PLUMLIC			
New Registration \$14.		Check Number		Amount Paid		
Renew Registration (not expired) \$1						
Renew Registration (expired)		🗆 РСК 🗌 С	СК 🗌 МО	DLI Deposit Date		
Reinstate Registration (expired over 12 mo) \$24.00		NOTICE: Pursuant to	Minnesota			
If you are or were registered as a plumber's apprentice or an unlicensed individual for plumbing in the past, provide your registration number.	REGISTRATION NUMBER	Statute § 604.113, checks returned for non-payment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.				
PRINT IN INK OR T MAKE A COPY OF THIS APPLICATIO	APPLICATION NUMBER:					
NEW REGISTRATION Individuals performing plumbing work withou a Minnesota plumber's license must be registered as an unlicensed individual. Selec New Registration if you have <u>never been</u> <u>previously registered</u> as a plumber's apprentice or unlicensed individual. All registrations expire on June 30th.	current or has been exp	registration that is ired for less than 12 egistration. Renewing on date prevents the perience. All une 30th. juired for late renewals		REGISTRATION dividuals performing plumbing istate a registration that has been ore than 12 months. Accrued ice during the unregistered period y not be applied toward licensure. is expire on June 30th.		

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, 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 B	IRTH (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	DENTIAL ADDRESS			PUBLIC MAILING ADDRESS (if different from residential address)				
CITY NAME	STATE	ZIP CODE			STATE	ZIP CODE		
Is the Residential address above a non-designated (private) address?	🗌 Ye	s 🗌 No	If yes , then you must provide a designated (Public) mailing address.					
APPLICANT SIGNATURE			DATE SIGNED (MM/DD/YYYY)					