

Mailing Address:  
 P.O. Box 64217  
 St. Paul, MN 55164-0217

Email: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
 Website: [www.dli.mn.gov](http://www.dli.mn.gov)  
 Phone: (651) 284-5034

## WATER CONDITIONING

### Personal License Renewal

LICENSE FEE IS NONREFUNDABLE CASH IS NOT ACCEPTED BY MAIL OR WALK-IN	SPACE IN BOX FOR OFFICE USE ONLY										
<p>Licenses are not renewable prior to 60 days before expiration.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Renewal</th> <th style="text-align: center; border-bottom: 1px solid black;">Late Renewal*</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Water Conditioning Master (WM)</td> <td style="text-align: center;">\$93.00</td> <td style="text-align: center;">\$133.00</td> </tr> <tr> <td><input type="checkbox"/> Water Conditioning Journeyman (WJ)</td> <td style="text-align: center;">\$53.00</td> <td style="text-align: center;">\$73.00</td> </tr> </tbody> </table> <p><b>* A late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3</b></p> <p style="text-align: center;"><b>PRINT clearly IN INK OR TYPE</b>  <b>MAKE A COPY OF THIS FORM FOR YOUR RECORDS</b></p>		Renewal	Late Renewal*	<input type="checkbox"/> Water Conditioning Master (WM)	\$93.00	\$133.00	<input type="checkbox"/> Water Conditioning Journeyman (WJ)	\$53.00	\$73.00	<b>Account Number</b> <b>632444</b>	<b>STKB42WCLIC</b>
		Renewal	Late Renewal*								
	<input type="checkbox"/> Water Conditioning Master (WM)	\$93.00	\$133.00								
	<input type="checkbox"/> Water Conditioning Journeyman (WJ)	\$53.00	\$73.00								
	<b>Check Number</b>	<b>Amount Paid</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">PCK</td> <td style="width: 25%; text-align: center;">CCK</td> <td style="width: 25%; text-align: center;">MO</td> </tr> </table>	PCK	CCK	MO	<b>DLI Deposit Date</b>							
PCK	CCK	MO									
<p><b>NOTICE:</b> 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.</p>											
<b>LICENSE NUMBER:</b>											

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.

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

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>AREA CODE &amp; PHONE NUMBER</b>	<b>E-MAIL ADDRESS</b>
<b>LEGAL LAST NAME</b>	<b>SUFFIX (JR, SR, II, III)</b>	<b>LEGAL FIRST NAME</b>	<b>LEGAL MIDDLE NAME</b>
<b>RESIDENTIAL ADDRESS</b>		<b>PUBLIC MAILING ADDRESS (if different from residential address)</b>	
<b>CITY NAME</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CITY NAME</b> <b>STATE</b> <b>ZIP CODE</b>

Is the Residential Address above a non-designated (private) address?    Yes    No     If **Yes**, then you must provide a designated (public) Mailing Address above.

<b>APPLICANT SIGNATURE</b>	<b>DATE SIGNED (MM/DD/YYYY)</b>
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