

Instructions for Completing the Water Conditioning License Examination Application

Information related to filling out the WATER CONDITIONING LICENSE EXAMINATION APPLICATION. The following items must be completed and submitted:

- The **\$50 nonrefundable** examination application fee must be submitted with the application via check or money order payable to the Department of Labor and Industry. **CASH IS NOT ACCEPTED BY MAIL OR WALK-IN. Checks returned for nonpayment will be charged a \$30 fee (M.S. § 604.113, subd. 2)**
- On page 1, “**X**” the type of license for which you are applying.
- On page 1, complete the name, address, telephone number, and social security number.
- On page, 1, if you have a doctor-certified reading disability and wish to have special accommodations, documentation from your doctor must be submitted with this application stating the disability and noting the special accommodations requested.
- On page 2, complete the education and experience related to the license for which you are applying. Complete this even if it was submitted on a previous application.
- On page 3, if you are taking the installer or contractor exam for the first time, all three reference forms must be completed by the reference, signed by the reference (not the applicant), notarized and dated, and returned with the application. Reference letters can be signed by persons performing inspections; city or county regulatory persons; fellow workers or other persons in the plumbing or water conditioning industry that have had firsthand experience with the applicant. Applicants for contractor licensure may also submit reference letters completed by their banker and/or tax consultant.
- On page 3, “**X**” the exam location you prefer to attend, if you are accepted.
 - If applying for the March exam, applications are accepted after January 1, but in no case **POSTMARKED or RECEIVED in this office no later than February 15.**
 - If applying for the September exam, applications are accepted after July 1, but in no case **POSTMARKED or RECEIVED in this office no later than August 15.**
- **On page 3, the application must be signed by applicant and notarized.**

Do not submit the application unless you have included all the information that is required. If we do not receive all the required information, by the due date, and/or you have not submitted documentation verifying that you have completed the practical experience required, your application for examination will be denied. The \$50 examination application fee is nonrefundable, even if your application is incomplete or you have not documented completion of the practical installation requirements.

The exam is based on the Minnesota Plumbing Code, Minn. Rules, Chapter 4715. A portion of the examination will be open book. Copies of the Minnesota Plumbing Code, Minn. Rules, Chapter 4715, are available at:

Minnesota Bookstore Phone (651) 297-3000 or 1-800-657-3757
660 Olive Street TTD/TTY: (651) 282-5077 or 1-800-657-3706
St. Paul, MN 55155 Fax: (651) 296-2265

Pre-payment is required and a shipping fee is charged. Please call first for correct pricing and shipping fee information.

Text for the Minnesota Plumbing Code is available through the Minnesota Office of the Revisor of Statutes at www.revisor.leg.state.mn.us/arule/4715/

Additional applications can be obtained at: www.dli.mn.gov

Requirements for taking the water conditioning installer exam:

- At least 6 months of experience in the field of water conditioning installation and servicing.

Requirements for taking the water conditioning contractor exam:

- At least 12 months of experience in planning and supervising the installation and servicing of water conditioning equipment.

Application for Water Conditioning Examination

PRINT IN INK or TYPE your responses.

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION.

- Application must be typewritten or printed in ink.
- The application must be accompanied by a \$50 examination application fee via check or money order, payable to the Department of Labor and Industry. **CASH IS NOT ACCEPTED BY MAIL OR WALK-IN. Checks returned for nonpayment will be charged a \$30 fee (M.S. § 604.113, subd. 2). This fee is nonrefundable.** Mail to: Department of Labor and Industry, Financial Services, PO Box 64222, St. Paul, MN 55164-0222.
- Examinations for license are held twice a year (March and September). Applications for the March exam will be accepted after January 1, but in no case later than February 15. Applications for the September exam will be accepted after July 1, but in no case later than August 15.
- Answer all questions in full. Incomplete applications will be returned to the submitter. **This fee is nonrefundable.**

Designate the type of exam for which you are applying by putting an "X" in the appropriate square.

\$50 Water Conditioning Installer Exam (4839) \$50 Water Conditioning Contractor Exam (4836)

LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE NO.	WORK PHONE NO.	DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NO.
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This distinguishes you from all other applicants and makes processing more efficient. If you do not provide it, you will be assigned an individual identification number in order to insure that your records will not be confused with those of another applicant.

Individuals with a disability who need a reasonable accommodation to participate in this exam, must provide documentation from your doctor stating the disability and noting the accommodations requested in the box below. All requests must be submitted by the exam application deadline for each application to test. If you have any questions, please contact the unit at (651) 284-5031.

FOR OFFICE USE ONLY

PA	PJ	PM	WI	WC	FEE	DEPOSIT DATE	DEPOSIT NO.
<input type="checkbox"/> Denied <input type="checkbox"/> Approved					EXAM LOCATION	EXAM DATE	NOTICE
EXAM RESULT						<input type="checkbox"/> Fail <input type="checkbox"/> Pass	LICENSE NO.

LIST EDUCATION RELATED TO LICENSE FOR WHICH YOU ARE APPLYING

High School, College, University, Technical or Vocational School		Dates of Attendance		Certificate or Degree (Received (AA, BS, etc.))	Title of Program or Subjects Taken (major/minor)
Name	Location	From	To		

LIST EXPERIENCE RELATED TO LICENSE OR REGISTRATION FOR WHICH YOU ARE APPLYING:

Organization	Location		Length of Experience	
Position	Supervisor	% of time	From Mo./Yr.	To Mo./Yr.
Major Activities:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
1.				
2.				
3.				
4.				
Organization	Location		Length of Experience	
Position	Supervisor	% of time	From Mo./Yr.	To Mo./Yr.
Major Activities:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
1.				
2.				
3.				
4.				
Organization	Location		Length of Experience	
Position	Supervisor	% of time	From Mo./Yr.	To Mo./Yr.
Major Activities:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
1.				
2.				
3.				
4.				

ATTACH ADDITIONAL SHEETS, IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

Are you self-employed in water conditioning installation? No Yes If yes, give your firm's name and address.

FIRM'S NAME	PHONE NO.
ADDRESS	CITY STATE ZIP CODE

Have you taken the Minnesota State Plumber Examination before? No Yes

REFERENCES: Three reference forms must be completed, signed, notarized, and returned with this application if you are taking the installer or contractor exam for the first time.

EXAMINATION LOCATION: Please check the exam location you will attend. For the St. Paul location only, there is a maximum of 52 seats available for each exam date which will be assigned based on the date order the application is received by DLI. Please indicate your St. Paul exam date priority from first (1), second (2), third (3), and fourth (4) in the space available. If you indicate no priority for a St. Paul exam date, your exam will be scheduled for the first available date. Because of the number of applications being received for the limited number of seats available, not all applicants will get their first or second choice.

Brainerd, MN
Central Lakes College
March 24, 2010

Mankato, MN
Minnesota State University
March 9, 2010

St. Paul, MN (maximum of 52 per exam date)
Department of Labor and Industry
_____ March 11, 2010 _____ March 25, 2010

_____ March 18, 2010 _____ April 1, 2010
(Show priority date with 1st, 2nd, 3rd, 4th, blanks given first available)

If you are accepted, you will be notified by mail 2-3 weeks after the February 15 and August 15 deadline, of the location, date, time, and what to bring.

The applicant, whose name is _____ being sworn, declares that the foregoing statements subscribed to by him/her are true to the best of his/her knowledge and belief, and that he/she personally signed this application.

Signature of Applicant _____

Subscribed and sworn before me on this _____ day
of _____, _____

Signature of Notary _____

(SEAL)

Knowingly providing inaccurate or fraudulent information to the department or failure to comply with a reasonable request for information, may constitute a violation of the Health Enforcement Consolidation Act of 1993, and may be subject to a fine of up to \$10,000 (M.S. § 144.989 to 144.993)

The information you provide on this application will be used to determine if you meet the license requirements. Before a license is issued to you, M.S. § 270.72, subd. 4, requires you to provide your social security number. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under M.S. § 13.41, the information that you provide on this application, except for your name and address, is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including the Attorney General's Office, the Department of Revenue, the Department of Human Services, and/or for the purpose of verification and investigation. Once you are licensed, the information becomes public data and will be part of the agency's permanent records.

Examination application fees are nonrefundable (Minn. Rules, part 4715.3150 and part 4715.5900)

PRINT IN INK or TYPE your responses

REFERENCE NAME	APPLICANT NAME
ADDRESS	ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PHONE NO.	PHONE NO.

The above applicant is applying for a Water Conditioning Contractor/Installer license.

The person who signs this reference form must complete it in its entirety. Knowingly providing inaccurate or fraudulent information to the department or failure to comply with a reasonable request for information, may constitute a violation of M.S. § 144.989 to 144.993 and may be subject to a fine of up to \$10,000.

1. Describe briefly the applicant's type of experience in planning, superintending, and practical installation and servicing of water conditioning treatment equipment. Practical installation of plumbing is defined as working with the tools in the actual installation of pipes, fixtures, and other apparatus for bringing in the water supply and removing liquid waste.

Planning:
Superintending:
Practical installation and servicing of water conditioning treatment equipment

2. How many months of experience does the applicant have:
 - a. Planning Years _____ Months _____
 - b. Superintending Years _____ Months _____
 - c. Practical installation and servicing of water conditioning treatment equipment Years _____ Months _____

3. Has the applicant been employed by you as a water conditioning contractor/installer?
 - a. If yes, for how long? Years _____ Months _____ Hours _____ From _____ To _____
month/year month/year

b. If no, describe how you became familiar with the applicant's plumbing work experience in the box below:

THIS FORM MUST BE SIGNED BY THE REFERENCE AND ACKNOWLEDGED BY A NOTARY

The person, whose name is _____ being sworn, declares that the foregoing statements subscribed to by him/her are true to the best of his/her knowledge and belief, and that he/she personally signed this application.

Signature _____

Subscribed and sworn before me on this _____ day (SEAL)

of _____,

Signature of Notary _____

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

