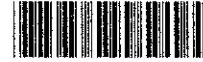


Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing / Plumbing
 P.O. Box 64222
 St. Paul, MN 55164-0222

Email: dli.license@state.mn.us
 Website: www.dli.mn.gov/ccld.asp
 Phone: (651) 284-5031
 TTY/MRS: (651) 297-4198



CC0506

Plumbing Registration MEDICAL GAS

**REGISTRATION FEE IS NONREFUNDABLE
 CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

Registration Fee: \$53.00

**PRINT CLEARLY IN INK OR TYPE
 KEEP A COPY OF THIS FORM FOR YOUR RECORDS**

SPACE IN BOX FOR OFFICE USE ONLY

Account Number 632441	STK B42PLUMLIC
Check Number	Amount Paid
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.	
APPLICATION 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, 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 by submitting your application 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? Yes No

If yes, then you must provide a designated (Public) mailing address.

MEDICAL GAS CERTIFICATION (choose one)

I request approval of this application after successfully completing the medical gas certification program identified below:

I hold a valid medical gas certification issued in accordance with ASSE 6010 and the brazer qualifications in NFPA 99C. The certification was issued prior to August 1, 2010. You must include a copy of your current valid medical gas certification along with this application.

I am a licensed master or journeyman plumber, license number _____ and have a current valid medical gas certification issued after August 1, 2010 and hold a valid certification meeting the requirements of ASSE 6010 and be a qualified brazer in accordance with NFPA 99C. You must include with this form a copy of your current and valid medical gas certification.

CERTIFICATE PROGRAM NAME	DATE CERTIFICATE COMPLETED
CERTIFICATE PROGRAM SPONSOR NAME	CERTIFICATE SPONSOR TELEPHONE NUMBER
APPLICANT SIGNATURE	DATE

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