

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



CC0506

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

**Backflow Registration
 Backflow Prevention Rebuilder
 Backflow Prevention Tester**

New \$33.00 Renewal \$33.00 Renewal Late \$43.00

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

SPACE IN BOX FOR OFFICE USE ONLY			
Account Number		632441	
Check Number		STK B42PLUMLIC	
		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:		LICENSE NUMBER:	

Registrations are not renewable prior to 60 days before expiration.

Backflow Prevention Rebuilder
 (Minnesota plumbing license required)

Backflow Prevention Tester
 (Minnesota plumbing license not required)

*** A late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3**

**PRINT clearly IN INK OR TYPE
 MAKE A COPY OF THIS FORM FOR YOUR RECORDS**

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.

Reduced Pressure Backflow Prevention Certification Program (choose one)

I completed a reduced pressure zone backflow certification program prior to January 1, 2012 and was issued a backflow RPZ tester unlimited card or backflow RPZ tester card by the Department of Labor and Industry. I request approval of this application based upon my previously issued card. Enclosed is a copy of the department issued card or certificate issued to me by the certification program.

I request approval of this application after successfully completing the reduced pressure zone backflow certification program identified below. Enclosed is a copy of the certificate issued to me by the certification program.

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