Minnesota Department of Labor and Industry Construction Codes and Licensing Division Licensing and Certification Services 443 Lafayette Road North St Paul, MN 55155

CC0190

CC0190

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Phone: (651) 284-5031

Backflow Registration Backflow Prevention Rebuilder Backflow Prevention Tester

New \$28.00 ☐ Renewal \$28.00 ☐ Renewal Late \$38.00

REGISTRATION FEE IS NONREFUNDABLE CASH IS NOT ACCEPTED BY MAIL OR WALK-IN			SPACE IN BOX FOR OFFICE USE ONLY				
Registrations are not renewable prior to 60 days before expiration.			Account Number	632441	STK	B42PLUMLIC	
☐ Backflow Prevention Rebuilder (Minnesota plumbing license required)			Check Number PCK C	CK MO		unt Paid eposit Date	
☐ Backflow Prevention Tester (Minnesota plumbing license not required)				NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned			
* A late fee is due if the renewal is received by DLI after the expiration date per Minn. Stat. § 326B.092; subd. 3			for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.				
PRINT clearly IN INF MAKE A COPY OF THIS FO	APPLICATION NUM	BER:	LICEN	LICENSE NUMBER:			
The information you as an individual produced Department's registration requirements. Information is being requested for purpos requested data on this application; however same. Except for your name and design of this information to others may occur as Department of Human Services, upon contother than your Social Security Number a Avoid processing delays by	Minnesota Statute § es of processing yo ver, failure to providated address, the in authorized or requal urt order, and/or for and non-designated	§ 270C.72, Subd. our application. Wi e the requested in a formation you provided by law, include the purpose of veraddress, becomes	4, requires you to provide you the exception of your Sociation of your Sociation of your Sociation of your Sociation on this application is polying but not limited to the Attorification and investigation. It is public data and may be released.	ur social security al Security, you a cessing of your apivate data while to the young general's Once you are regrased to anyone u	number on re not legal oplication of he applicat ffice, the De istered, the upon reques	n this application. The other lly required to supply the ir result in the denial of the tion is pending. Disclosure repartment of Revenue, the e information you provide, st.	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)		AREA CODE & PHONE NUMBER E-M		-MAIL ADD	IAL ADDRESS	
LEGAL LAST NAME	SUFFIX (JR, SR, II, III)		LEGAL FIRST NAME	RST NAME LE		EGAL 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 no If yes , then you must provide a desig	J (1	,	☐ Yes ☐ No)			
Reduced Pressure Backflow Pr	evention Certif	fication Progr	am				
☐ I completed a reduced pressu backflow RPZ tester card by the program.							
APPLICANT SIGNATURE			DATE				