



CITY OF SAINT PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our Web Site at www.stpaul.gov/dsi

Certificate of Competency for Plumbing Examination Application

The City of Saint Paul offers Plumbing Certificate of Competency Examinations for Journey and Master Levels. Please visit the DSI website for exam dates and submit applications to:

City of Saint Paul Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806

Applications are due thirty days prior to the examination date and subject to approval by the Plumbing Examination Board. Upon approval of an application, a notice will be sent to the applicant with instructions on the exact place, time, and date of the examination.

Questions for this exam are derived from the below listed references and only these will be allowed for reference during the exam:

- Chapter 85 through 105 of the Legislative Code and City of Saint Paul, commonly known as the Saint Paul Water Code, as recodified and amended January 1, 2006, available by contacting Saint Paul Regional Water Services.
- Department of Labor and Industry (DLI), 2020 Minnesota Accessibility Code available at Minnesota's Book Store 660 Olive St. St. Paul, MN 55155 or visit DLI website.
- Department of Labor and Industry (DLI), 2020 MN Rules Chapter 4714, MN Rules Chapter 4716, and MN Statutes Chapter 326B.41-.59). Commonly known as the 2020 Minnesota Plumbing Code Chapter 4714 available at Minnesota's Book Store 660 Olive St. St. Paul, MN 55155 or visit DLI website.
- Department of Labor and Industry (DLI) 2020 Minnesota Mechanical and Fuel Gas Code with ANSI/ASHRAE Standard 154-2011 available at the Minnesota Book Store 660 Olive St. St. Paul, MN 55155 or visit DLI website.

You must bring the following:

- Valid state issued photo identification or driver's license.
- State journey level or master level license.
- Two #2 lead pencils and a black or blue ball point pen.
- Basic function's standard calculator only. No "construction, engineers, scientific" or phone calculators will be allowed.
- No cell phone will be allowed during the exam and must be turned off.

Sincerely,
City of Saint Paul Plumbing Examination Board
Chairperson, Steve Ubl (Building Official)
(651) 266-8989



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Qualifications for Journey Level

- Must possess a State of Minnesota journey level plumbing license.
- Must have a notarized voucher signed by a State of Minnesota master level plumbing license holder.

Qualifications for Master Level

- Must possess a State of Minnesota master level plumbing license.
- Must have notarized vouchers signed by two State of Minnesota master level plumbing license holders.

Additional Information

- Provide Addendum to License Application MN tax id / FEIN / SSN.
- Read the instructions sheet for journey or master level plumbing exam.

Testing Procedures

- Applications are due thirty days prior to the examination date and subject to approval of the examining board. Upon approval of an application, a notice will be sent to the applicant with instructions on the exact place, time, and date of the examination.
- Examinations will be graded in the presence of the plumbing examining board within thirty days of the examination.
- If an applicant fails the examination, the applicant may review the failed portion of the exam within thirty days of notification of failure, in the presence of a representative of the Plumbing Exam Board.

Appeal of rejection of application or test results

- Applicant must submit a written request to appear before the examining board. After consideration of the appeal a written response will be sent to the applicant.

Testing Criteria

Exams held a minimum of twice a year as scheduled and more frequently if required and approved by the Plumbing Examination Board.

Passing score:

Journey Level 70%

Master 70%



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Certificate of Competency for Plumbing Examination Application

TO: Plumbing Journey Level Certificate of Competency Examination Applicant

FROM: City of Saint Paul Plumbing Examination Board

RE: Journey Level Applications

The following information is listed in the order it appears on the journey level application and must be included:

Page 1:

- Circle journey level.
- Fill in your name, address, phone number, and date of birth.
- Fill in the name, address, and phone number of your present employer.
- Fill in your State of Minnesota journey level plumbing license number.
- Sign and date at the bottom of page one.

Page 2:

- Have a State of Minnesota Master Plumbing License holder, completely fill in the information for voucher number three only, sign it, and have it notarized.

Page 3 & 4:

- Fill in the record of your education and the record of your employment. Include record of all gas related education and experience.
- Sign and date at the bottom of page 3 & 4.

Addendum to License Application:

- Fill in your name, DBA, business address, business phone, preferred phone, and tax identification number of the company you work for or your social security number. Circle type: MN tax id / FEIN / SSN. If you do not provide one of these, you will not be allowed to take the exam.
- Fill in your credit card information if paying by credit card.
- Sign and date at the bottom.

Application must be printed legibly or typed!

A fee of **\$82.50** must accompany each application.

Make checks payable to the "**City of St. Paul**".

Remit application and fee to:

**Department of Safety and Inspections, 375 Jackson Street,
Suite 220, Saint Paul, MN 55101-1806**



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Certificate of Competency for Plumbing Examination Application

TO: Plumbing Master Level Certificate of Competency Examination Applicant

FROM: City of Saint Paul Examination Board

RE: Master Level Applications

The following information is listed in the order it appears on the master level application and must be included:

Page 1:

- Circle master level.
- Fill in your name, address, phone number, and date of birth.
- Fill in the name, address, and phone number of your present employer.
- Fill in your State of Minnesota master level plumbing license number.
- Sign and date at the bottom of page one.

Page 2:

- Have two State of Minnesota Master License holders, completely fill in the information for voucher number one and two, sign it, and have it notarized.

Page 3 & 4:

- Fill in the record of your education and the record of your employment. Include record of all gas related education and experience.
- Sign and date at the bottom of page 3 & 4.

Addendum to License Application:

- Fill in your name, DBA, business address, business phone, preferred phone, and tax identification number or your social security number. Circle type: MN tax id / FEIN / SSN. If you do not provide one of these, you will not be allowed to take the exam.
- Fill in your credit card information if paying by credit card.
- Sign and date at the bottom.

Application must be printed legibly or typed!

A fee of **\$82.50** must accompany each application.

Make checks payable to the "**City of St. Paul**".

Remit application and fee to:

**Department of Safety and Inspections, 375 Jackson Street,
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**Certificate of Competency
for Plumbing
Examination Application**

Circle the appropriate level:

MASTER LEVEL (Fee \$82.50 EACH)

JOURNEY LEVEL (Fee \$82.50 EACH)

IMPORTANT! PRINT LEGIBLY OR TYPE!

I, _____ DESIRE TO OBTAIN A CERTIFICATE OF COMPETENCY IN THE PLUMBING TRADE AS CIRCLED ABOVE AND HERewith APPLY. I HAVE FULFILLED ALL PREREQUISITES AS TO STATE LICENSE, AGE, EXPERIENCE AND/OR APPRENTICESHIP. I HAVE PAID THE REQUIRED EXAMINATION FEE WHICH IS NOT REFUNDABLE. IT IS UNDERSTOOD AND AGREED THAT SIX (6) MONTHS MUST ELAPSE BEFORE I CAN REPEAT THIS EXAMINATION AND THAT ALL RULES, REGULATIONS AND DECISIONS OF THE BOARD SHALL GOVERN IN ALL CASES.

Home Address: _____ City _____ State _____ Zip _____

Home Phone + Area Code: _____ Date of Birth: _____

Email address: _____

Present Employer Name: _____

Employer Address: _____ City _____ State _____ Zip _____

Employer Phone with Area Code: _____

State Plumbing License Number: _____

I solemnly swear that the agreements are true to the best of my knowledge and belief and affix my signature to attest thereto.

Signature _____ Date _____

APPLICATION MUST BE SUBMITTED THIRTY (30) DAYS PRIOR TO DATE OF EXAM

APPLICANTS FOR EXAMINATION MUST HAVE VOUCHERS SIGNED AS FOLLOWS:

Master Applications: Vouchers 1 & 2

MASTER VOUCHER #1 FOR MASTER APPLICANTS ONLY

STATE OF MINNESOTA
COUNTY OF _____

I, the undersigned Master Plumber, swear that I have personally known: _____ for _____ years.
Print Applicant's Full Name Above

Subscribed and sworn to me this day,

The applicant is a competent journeyman.
I have read the above statements and believe them to be true.

Notary Public

Master's Signature State Master's License #

Print Master's Full Name Above

MASTER VOUCHER #2 FOR MASTER APPLICANTS ONLY

STATE OF MINNESOTA
COUNTY OF _____

I, the undersigned Master Plumber, swear that I have personally known: _____ for _____ years.
Print Applicant's Full Name Above

Subscribed and sworn to me this day,

The applicant is a competent journeyman.
I have read the above statements and believe them to be true.

Notary Public

Master's Signature State Master's License #

Print Master's Full Name Above

APPLICANTS FOR EXAMINATION MUST HAVE VOUCHERS SIGNED AS FOLLOWS:

Journeyman Applicants: Voucher 3

VOUCHER #3 FOR JOURNEYPerson APPLICANTS ONLY

STATE OF MINNESOTA

COUNTY OF _____

Subscribed and sworn to me this day,

Notary Public

I, the undersigned Master Plumber, swear that I have personally known:

_____ for _____ years.
that I have read the above statements and believe them to be true. The applicant has received on-the-job and related training as provided by:

Master's Signature

State Master's License #

Print Master's Full Name Above

RECORD OF EDUCATION

NAME OF SCHOOL, APPRENTICESHIP PROGRAM OR SPECIAL COURSE	COURSE OF STUDY <u>Include all gas related education</u>	YEARS COMPLETED	DATES TO/FROM	DID YOU GRADUATE?	DEGREE OR DIPLOMA

Note: Credit not given for special courses unless written description of course content from the institution is attached to this application.

RECORD OF EMPLOYMENT

List related work experience starting with the most recent employer, be specific.

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED <u>Include all gas related experience</u>	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

(If additional space is needed, use next page of application)

APPLICANT'S SIGNATURE

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED <u>Include all gas related experience</u>	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

(If additional space is needed, use back of application)

 APPLICANT'S SIGNATURE