

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 651-266-8989 | Fax 651-266-9124 Visit our website at: www.stpaul.gov/dsi

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 three times 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 & 3:

• 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 4 & 5:

- Fill in the record of your education and the record of your employment. <u>Include record of all gas related education and experience.</u>
- Sign and date at the bottom of page 4 & 5.

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, i.e. 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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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 & 3:

• 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 4 & 5:

- Fill in the record of your education and the record of your employment. <u>Include record of all gas related education and experience.</u>
- Sign and date at the bottom of page 4 & 5.

Addendum to License Application:

- Fill in your name, DBA, business address, business phone, preferred phone, and tax identification number or your social security number, i.e. 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

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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, COMPETENCY IN THE PLUMBING HAVE FULFILLED ALL PREREQUAPPRENTICESHIP. I HAVE PAID REFUNDABLE. IT IS UNDERSTOO	G TRADE AS CIRCLED ABO ISITES AS TO STATE LICE THE REQUIRED EXAMINA OD THAT ALL RULES, REG	OVE AND HEREW INSE, AGE, EXPER ITION FEE WHICH	TH APPLY. I IENCE AND/OI IS NOT	₹.
THE BOARD SHALL GOVERN IN A		~	-	
Home Address:	City	State	Zıp	
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 and to attest thereto.	re true to the best of my knowl	edge and belief and a	affix my signatu	re
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	Plumber, swear that I have				
Subscribed and sworn to me this day,					
Notary Public	Master's Signature	State Master's License #			
	Print Mast	er's Full Name Above			
MASTER VOUCHE STATE OF MINNESOTA COUNTY OF	R #2 FOR MASTER APPLICA I, the undersigned Master personally known:	NTS ONLY Plumber, swear that I have			
Subscribed and sworn to me this day,	Print Applicant's Fu The applicant is a compete				
Notary Public	Master's Signature	State Master's License #			
	Print Mast	er's Full Name Above			

Journeyperson Applicants: Voucher 3

VOUCHER #3 FOR JOURNEYPERSON APPLICANTS ONLY

COUNTY OF	I, the undersigned Master personally known:	Plumber, swear that I have for years.
Subscribed and sworn to me this day,		statements and believe them to be ceived on-the-job and related
Notary Public	Master's Signature	State Master's License #
	Print Mast	ter's Full Name Above

RECORD OF EDUCATION

NAME OF SCHOOL, APPRENTICESHIP PROGRAM OR SPECIAL COURSE	COURSE OF STUDY Include all gas related education	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 <u>related</u> work experience starting with the most recent employer, be specific.

	Бреспіс.			
NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED Include all gas related experience	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.
	(If ad	ditional space is needed,	use next page o	of application)

APPLICANT'S SIGNATURE	DATE	

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED Include all gas related experience	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.
	(If additional space	ee is needed, use l	back of app	lication)
	` •			•
				_
APPLICANT'S SIGNATURE	DATE			



ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

Please Type or Print in Ink

CITY OF SAINT PAUL

Department of Safety & Inspections 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 (651) 266-8989 Fax (651) 266-9124 www.stpaul.gov/dsi

	Licensee's Name:_				
	DBA:				<u>—</u>
	Business Address:				
	Business Phone:		Preferred	Phone:	
Minnesota provide on	ENTIFICATION NUMBER Statutes section 270C.72 require e of the following three identific a Social Security Number (SSN	cation types: a Minne	s to collect a tax ide sota Tax Identific	entification number for each licen ation Number, a Federal Tax I	se applicant. You may dentification Number
renewal of identification	your license in the event you ow	e Minnesota sales, em your license applicati	ployer's withholding ion. Under the Feder	ration purposes and may be used to g or motor vehicle excise taxes. Reral Exchange of Information Agree	Refusal to provide a tax
More infor	mation can be obtained from the N	Minnesota Department	of Revenue at 651-2	96-6181 or <u>www.revenue.state.mn</u>	a.us.
Tax Identi	ification Number:		Circle Type:	: MN Tax Id / EIN /SSN	
You must y used to pro other indiv CREDIT Effective April 3, stateme	CARD PAYMENT 2021, a 2.49% service fee will be	City or a third-party s to do so by a court or e charged for all credit vice provider the Depa The City will not re	ervice provider. The other competent aut	actions and will appear as a separ I Inspections uses to handle credit	count information with
orginature or Ca	runoider (required for an en				
	iscover	a Security Code ►		Expiration Date: Month /Year ▶	
Enter Account Number ▶					
	If paying by check, make ANY FALSIFICA WILL	checks payable to the checks payable to the checks of ANSW L RESULT IN DE	e "City of St. Pau" VERS GIVEN OR NIAL OF THIS A	n the entire application faxed to a live and mail with the completed MATERIAL SUBMITTED APPLICATION Trect, and truthful information a	application.

Signature (REQUIRED for all applications)

Date