ELEVATOR BORING CONTRACTOR QUALIFICATION APPLICATION

Please complete all of the information requested on the qualification application and arrange to have the three reference letters completed and returned to the Minnesota Department of Health, Well Management Section. The reference letters are used to verify your experience in the business of constructing elevator borings. Once your qualification application is complete and your experience is verified, you will be notified of your eligibility to take the examination. You must pass the exam within one year of this notification.

Study materials to aid you in preparation for the written examination will be sent to you upon receipt of your qualification application. It is recommended that you read these materials carefully.

Once you have passed the examination, we will forward to you a license application, at which time you will have to pay the license fee, provide a $10,000 corporate surety bond, and pay the fee to register drilling machines and hoists. You must complete the licensing process within one year of passing the written exam. If you have any questions concerning the licensing process, please contact the Well Management Section at 651-201-4597.

Origs\Licensing\Qual Apps\Qual Elevator Letter.doc 03/09/2010R
Qualification Application
for Certified Representative
or Explorer Responsible Individual

PLEASE READ INSTRUCTIONS CAREFULLY
BEFORE COMPLETING APPLICATION.

• Application must be typewritten or printed in ink.
• Answer all questions in full. Incomplete applications will
  not be processed; they will be returned to the submitter.
• The application fee must accompany application. Checks
  and money orders shall be made payable to Minnesota
  Department of Health. Checks returned for nonpayment
  will be charged a $30 fee (M.S. 604.113, Subd. 2 [a]).

Designate the type of license or registration for which you are applying by putting an "X" in the appropriate square. A
separate application must be filled out and submitted for each license or registration request.

Well Management Section License and Registration Types

☐ $75* Dewatering Well Contractor (4870)
☐ $75* Dug Well and Drive-Point Well Contractor (4877)
☐ $75* Elevator Boring Contractor (4881)
☐ $75* Explorer Responsible Individual (4886)
☐ $75* Vertical Heat Exchanger Contractor (4894)
☐ $75* Monitoring Well Contractor (4897)

☐ $75* Well Screen and Pitless Adapter/Unit
  Contractor (4907)
☐ $75* Pump Contractor (4910)
☐ $75* Well Sealing Contractor (4914)
☐ $75* Full Well Contractor (4916)

*Not refundable

Please read Tennessen Warning on next page regarding your rights about the information you provide in this application.

Mr. Ms. Mrs.

Last Name

First Name

Middle Name

Street Address

City

State

ZIP

Home Phone (include area code)

Work Phone (include area code)

Social Security Number

Why we ask for it. Under Minnesota law (M.S. 270C.72) the agency issuing you
this certification is required to provide to the Minnesota Commissioner of
Revenue your Social Security Number.

Office Use Only

Date Received ________________________

Fee ________________________________

Deposit Date ________________________

Deposit Number ______________________

Approved ________________ Denied _____________

Examination Date ______________________

Result __________________________% P F

Under certain conditions, the department will provide special accommodations in test facilities or the test process.
Applicants may be required to present verification of the need for special accommodations.
If you need special accommodations, describe the type needed below.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

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Applicants may be required to present verification of the need for special accommodations.
If you need special accommodations, describe the type needed below.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

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Please read Tennessen Warning on next page regarding your rights about the information you provide in this application.

Why we ask for it. Under Minnesota law (M.S. 270C.72) the agency issuing you
this certification is required to provide to the Minnesota Commissioner of
Revenue your Social Security Number.
List education related to license or registration for which you are applying.

<table>
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<tr>
<th>High School, College, University, Technical or Vocational School</th>
<th>Dates of Attendance</th>
<th>Certificate or Degree Received (AA, BS, etc.)</th>
<th>Title of Program or Subjects Taken (Major/Minor)</th>
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List experience related to license or registration for which you are applying.

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<th>Length of Experience</th>
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<td>% of Time From Mo./Yr. To Mo./Yr.</td>
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<th>Supervisor:</th>
<th>Major Activities:</th>
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ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

Date _____________________Signature (Do not print)____________________________________________

EXPLANATION OF RIGHTS (TENNESSEN WARNING)

Note for Companies and Individuals Acting as Companies – The Minnesota Department of Health (MDH) will use information you provided in this application to determine if you meet the requirements for a license or registration. You are not legally required to provide any of the requested information. Failure to provide information, however, will result in the denial of your application. Submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your license or registration after it is issued.

Social security numbers are private data. Private data will not be shared with others outside the MDH, except as authorized or required by law. In such cases, it may be shared with others, including the Office of the Attorney General, the Minnesota Department of Revenue and persons contacted for purposes of verification or investigation. If the matter of your license or registration becomes contested, private data submitted in this application may become public.

Note to Individual Applicants – All data submitted in this application, except your name and address, are considered private until you are issued a license or registration. When you become licensed or registered, all data in this application become public, except your social security number, which remains private.

Note to Company Applicants – All data submitted in this application are public data.

If you require this application and related materials in another format, such as large print, Braille, cassette tape, or need more information, call 651-201-4597. Deaf and hard-of-hearing: TTY 651-201-5797.
SUPPLEMENT TO
QUALIFICATION APPLICATION FOR ELEVATOR BORING CONTRACTOR LICENSE

LICENSE/REGISTRATION INFORMATION

Applicant registered or licensed to perform elevator boring contracting work in other states?  
☐ Yes  ☐ No

If yes, list state and license or registration number.  
State:  
Lic. or Reg. Number:  

EXPERIENCE

Elevator boring contracting work includes the design, supervision, or actual construction of elevator borings.

Month and year that applicant began work as an elevator boring contractor.  

Total number of elevator borings applicant has personally constructed, repaired, or sealed.  

Total number elevator borings applicant has personally designed.  

Total number of elevator borings applicant has supervised during construction, repair, or sealing.  

In accordance with Minnesota Rules, part 4725.0650, subpart 8, an applicant to be a representative for an elevator boring contractor licensed to construct, repair, and seal an elevator boring must have two years of experience related to the construction, repair, and sealing of elevator borings. A year of experience is a year in which the applicant designed, supervised, or actually constructed three elevator borings.

Provide the information below for each year of experience. You must have personally designed, supervised, or actually constructed the elevator borings.

ELEVATOR BORINGS FOR THE YEAR 20_____

1.  
   Company Name  
   Address  
   City, State, ZIP Code  

2.  
   Company Name  
   Address  
   City, State, ZIP Code  

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<tr>
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REFERENCES

Provide the names and addresses of three individuals the applicant has previously been employed by, or the names and addresses of three individuals with knowledge of the applicant's experience relating to all aspects of elevator boring contracting. It is desirable (but not required) that one of your three references be a licensed individual who is familiar with your work.

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Arrange for the three attached reference letters to be sent to the Minnesota Department of Health, Well Management Section by those listed above. All three letters must be received before your application is reviewed.

HE-01444-03
Attn: Licensing
Minnesota Department of Health
Well Management Section
P.O. Box 64502
St. Paul, Minnesota  55164-0502
651-201-4597

TO:

Name of Applicant  ____________________________________________________________________

The individual above has made application to the Minnesota Department of Health to qualify for an elevator boring contractor license to construct, repair, and seal elevator borings. The applicant has listed your name as an individual familiar with the applicant's work and character. Answers to the following questions are important on behalf of the applicant. Answer all questions to the best of your ability. TYPE OR PRINT IN INK AND RETURN THIS QUESTIONNAIRE PROMPTLY TO THE ADDRESS LISTED ABOVE. Providing false information about the applicant may result in enforcement actions being taken against you.

1. How many years has the applicant been involved in the business of ______ Years _____ Months constructing, repairing, and sealing elevator borings?

2. Has the applicant been employed by you for work constructing elevator borings?  □ Yes  □ No

3. Was the work satisfactory?  □ Yes  □ No

4. In your judgment, is the applicant qualified to be licensed for the above activities?  □ Yes  □ No

5. Did the applicant personally construct an elevator boring for you or your company?  □ Yes  □ No

6. Was the work satisfactory?  □ Yes  □ No

7. May we contact you by phone?  □ Yes  □ No

8. Telephone number (_______) ______- __________.

9. Signature ___________________________ Date ________

10. Remarks ____________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

ATTACH ADDITIONAL SHEET IF NECESSARY FOR REMARKS.
Attn: Licensing
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Well Management Section
P.O. Box 64502
St. Paul, Minnesota 55164-0502
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