



Elevator Boring Contractor Qualification Application

An elevator boring is a bore hole or excavation constructed to install an elevator hydraulic cylinder. Constructing, repairing, and sealing elevator borings in the state of Minnesota requires licensure by the Minnesota Department of Health (MDH).

The licensing process consists of three steps, to be completed in order:

1. Submitting a qualification application,
2. Passing a written examination, and
3. Submitting a license application.

In addition, each successful licensee will have to pay the license fee, and pay the fee to register drilling machines and hoists, and provide evidence of a corporate surety bond. A bond of \$10,000 is required for applicants for an elevator boring license. This license bond is required in addition to any other bonds that the licensee may hold (such as a bond for a plumbing business). Individuals licensed in multiple limited well contractor categories will need only one bond. Each licensed individual will also have to obtain **two** contact hours of continuing education from an MDH-provided or MDH-sponsored program, beginning in the first **full** year of licensure.

Carefully complete the application, and arrange to have the three reference letters completed and returned to MDH, Well Management Section. An incomplete application or an improperly completed application will be returned to you and may cause a delay in the licensing process. Mail the application to the address listed at the top of the application.

You will be notified by mail when you are eligible to schedule the written examination. Study materials to aid you in preparation for the written examination will be sent to you with your notification to schedule the written examination. It is recommended that you read these materials carefully. You must pass the written examination within one year of being notified. You must then complete the licensing process within one year of passing the examination. Should you have any questions, please contact the Well Management Section at 651-201-4591.

Requirements

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.

Well Management Section
625 North Robert Street
P.O. Box 64502
St. Paul, Minnesota 55164-0502
651-201-4591 or 800-383-9808
health.wells@state.mn.us
www.health.state.mn.us/wells



MDH Use Only

Date Received _____
Fee Type _____
Fee Amount _____
Deposit Number _____

Qualification Application for Certified Representative or Explorer Responsible Individual

Read and follow the enclosed Instruction Sheet.

1. Read the Tennessen Warning information **on the last page**.
2. Make check or money order payable to the Minnesota Department of Health (MDH) or pay by credit card using the enclosed Credit Card Payment Information form.
3. Returned checks are subject to a \$30 fee per Minnesota Statutes, section 604.113, subdivision 2(a). Licenses that have been issued will be canceled.
4. Fees submitted with this application are nonrefundable per Minnesota Rules, part 4725.0350, subpart 3.
5. Mail completed application, payment, and supporting documentation to MDH's address listed above.

Well Management Section Certification Types

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

- | | |
|--|--|
| ☐ \$75 Bored Geothermal Heat Exchanger Contractor (233) | ☐ \$75 Explorer Responsible Individual (225) |
| ☐ \$75 Dewatering Well Contractor (211) | ☐ \$75 Pump, Pitless, and Screen Contractor (365) |
| ☐ \$75 Elevator Boring Contractor (221) | ☐ \$75 Well Sealing Contractor (251) |
| ☐ \$75 Environmental Well Contractor (362) | ☐ \$75 Well Contractor (253) |

Applicant Information

First Name	Middle Name	Last Name	
Street Address	City	State	ZIP Code
Telephone Number (including area code)		Business Telephone Number (including area code)	
Email			

Special Accommodations

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.

Social Security Number

Provide Social Security Number: _____. **Why we ask for it.** Under Minnesota law (Minnesota Statutes, section 270C.72, subdivision 4) the agency issuing you this certification is required to provide to the Minnesota Commissioner of Revenue your Social Security Number.

(Over)

List Education Related to Certification for Which you are Applying

High School, College, University, Technical or Vocational School		Dates of Attendance		Certificate or Degree Received (AA, BS, etc.)	Title of Programs or Subjects Taken
Name	Location	From	To		

List Experience Related to Certification for Which you are Applying

Organization:		Location:		Length of Experience	
Position:		Supervisor:		% of Time	From To
Major Activities: 1.					Mo./Yr. Mo./Yr.
2.					☐ Full-time
3.					☐ Part-time
4.					Hrs./Yr. _____

Organization:		Location:		Length of Experience	
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2.					☐ Full-time
3.					☐ Part-time
4.					Hrs./Yr. _____

Attach additional sheets if necessary. Be sure to include all information requested above.

Tennessen Warning and Signature

I certify that all information provided for certification is accurate and complete. I also understand that submitting false information allows MDH to deny, suspend, revoke, or take other action against this certification. I understand MDH's Tennessen Warning, which is available by calling 651-201-4600 or on MDH Well Management Section's website at:

Tennessen Warning (www.health.state.mn.us/communities/environment/water/wells/tw.html).

Name (Print) _____ Date _____

Signature _____ Date _____

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Elevator Boring Contractor Qualification Application Supplement

License/Registration Information

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

If yes, list state(s) and license or registration number.

State _____ License or Registration Number _____

State _____ License or Registration 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. _____

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Experience (continued)

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

Elevator Borings for the Year 20 ____

1. _____
Company Name

Address

City State ZIP Code

2. _____
Company Name

Address

City State ZIP Code

3. _____
Company Name

Address

City State ZIP Code

Elevator Borings for the Year 20 ____

1. _____
Company Name

Address

City State ZIP Code

2. _____
Company Name

Address

City State ZIP Code

3. _____
Company Name

Address

City State ZIP Code

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.

Reference Number 1

Name	Telephone Number (including area code)
------	--

Address		
---------	--	--

City	State	ZIP Code
------	-------	----------

Reference Number 2

Name	Telephone Number (including area code)
------	--

Address		
---------	--	--

City	State	ZIP Code
------	-------	----------

Reference Number 3

Name	Telephone Number (including area code)
------	--

Address		
---------	--	--

City	State	ZIP Code
------	-------	----------

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

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Reference Letter — Elevator Boring Contractor

To _____ Name of Applicant _____

The individual above has made application to the Minnesota Department of Health (MDH) 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 constructing, repairing, and sealing elevator borings? ____ Years ____ Months
2. Has the applicant been employed by you for work constructing elevator boings? ☐ Yes ☐ No
3. Was the work satisfactory? ☐ Yes ☐ No
4. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)? ☐ 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 Telephone Number _____
(include area code)

Signature

Print Name

Signature

Date

Remarks

Attach additional sheet if necessary for remarks.

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