

# SOUTH DAKOTA STATE ELECTRICAL COMMISSION

308 S. Pierre - Pierre, South Dakota 57501-5070  
 Phone (605) 773.3573 or 1.800.233.7765  
 Fax (605) 773.6213  
 www.electrical.sd.gov

Be sure to sign and date this application. All applications must be mailed to the Electrical Commission. **The fee must accompany the Application.**

Completion of this application does not guarantee approval of exam qualifications.

Please contact the Commission office with questions or concerns.

## Application for an Electrician's License

This application must be typewritten or printed in ink. Complete all spaces. If the question does not apply, write "none" in the blank space. Failure to answer questions may cause the application to be returned. All licenses expire June 30th of the even numbered years. The application process takes approximately 30 days.

**Application & License fees are not pro-rated and are non-refundable**

| Check One                |  | Application Fee | License or Reciprocal Fees | Exam                             | Reciprocal                       |
|--------------------------|--|-----------------|----------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> | Electrical Inspector   | \$40            | \$ 40                      | <input type="checkbox"/>         | <input type="checkbox"/> [ XXX ] |
| <input type="checkbox"/> | Electrical Contractor  | \$40            | \$100                      | <input type="checkbox"/>         | <input type="checkbox"/> [ XXX ] |
| <input type="checkbox"/> | Inactive EC  | \$40            | \$ 40                      | <input type="checkbox"/>         | <input type="checkbox"/> [ XXX ] |
| <input type="checkbox"/> | Reciprocal EC  | xxx             | \$100                      | <input type="checkbox"/> [ XXX ] | <input type="checkbox"/>         |
| <input type="checkbox"/> | Class B Electrician  | \$40            | \$ 40                      | <input type="checkbox"/>         | <input type="checkbox"/> [ XXX ] |
| <input type="checkbox"/> | Inactive CBE   | \$40            | \$ 40                      | <input type="checkbox"/>         | <input type="checkbox"/> [ XXX ] |
| <input type="checkbox"/> | Journeyman   | \$40            | \$ 40                      | <input type="checkbox"/>         | <input type="checkbox"/> [ XXX ] |
| <input type="checkbox"/> | Inactive JM  | \$40            | \$ 40                      | <input type="checkbox"/>         | <input type="checkbox"/> [ XXX ] |
| <input type="checkbox"/> | Reciprocal JM  | xxx             | \$ 40                      | <input type="checkbox"/> [ XXX ] | <input type="checkbox"/>         |
| <input type="checkbox"/> | 501(d) - [licensee is restricted to wiring on 501(d) properties within South Dakota] | \$40            | \$ 40                      | <input type="checkbox"/>         | <input type="checkbox"/> [ XXX ] |
| <input type="checkbox"/> | Apprentice   | xxx             | \$ 20                      | Issuance                         |                                  |

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
[see page 4 for disclosure]

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_ Notification Preference  e-mail  mail

Type of SD license you currently hold? \_\_\_\_\_ Number \_\_\_\_\_

Present Employer \_\_\_\_\_ His/Her License # \_\_\_\_\_

### Space Below Reserved for Office Use

Date of Review \_\_\_\_\_

|             |                          |                          |                    |
|-------------|--------------------------|--------------------------|--------------------|
|             | <b>Approved</b>          | <b>Disapproved</b>       | <b>Reviewer(s)</b> |
| Examination | <input type="checkbox"/> | <input type="checkbox"/> |                    |
| Reciprocal  | <input type="checkbox"/> | <input type="checkbox"/> |                    |
| Issuance    | <input type="checkbox"/> | <input type="checkbox"/> |                    |

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Type of Exam: EI – EC – CBE – JM

| Exam # | Exam Date | Score | Exam # | Exam Date | Score |
|--------|-----------|-------|--------|-----------|-------|
| 1.     | _____     | _____ | 3.     | _____     | _____ |
| 2.     | _____     | _____ | 4.     | _____     | _____ |

Have you ever been issued an electrical license from another State?  Yes  No

If yes, State \_\_\_\_\_ Type \_\_\_\_\_ License# \_\_\_\_\_ Enforce from \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ Type \_\_\_\_\_ License# \_\_\_\_\_ Enforce from \_\_\_\_\_ to \_\_\_\_\_

How was the license obtained? (Check one)  Grandfather  Reciprocal  Exam  Issuance  Other

Have you ever had a license denied or revoked?  Yes  No If yes, please state reason \_\_\_\_\_

Are you a graduate of a 2-year Technical Institute or 4-year accredited College with a degree in the Electrical Field? \_\_\_\_\_ If yes, name of institution \_\_\_\_\_

(for credit, please provide a copy of your transcripts)

### Experience Data

Be sure you break down your experience according to each classification

| Classification   | Experience             |                       |                                   |
|--|------------------------|-----------------------|-----------------------------------|
|  | Hours as an Apprentice | Hours as a Journeyman | Hours as an Electrical Contractor |
| Residential/Farmstead wiring                           |                        |                       |                                   |
| Commercial/Industrial wiring                           |                        |                       |                                   |
| School (2000 hrs. maximum)<br>(Name of School)         |                        |                       |                                   |
| Apprenticeship Classes<br>(through which Organization) |                        |                       |                                   |
| Other electrical experience<br>(please state type)     |                        |                       |                                   |

#### Applicants for Journeyman or Class B electrician licenses only

Did your training include familiarization and study of the National Electrical Code, commercial wiring, residential or farmstead wiring, or both, electrical motor installation, electrical motor controls, and blueprint reading?

[check one]  Yes  No

#### Applicants for Electrical Contractors licenses only

Did your training include technical knowledge to plan, lay out, and supervise the installation of electrical light, heat, and power in accordance with the National Electrical Code? [check one]  Yes  No

**Apprentice/501(d) to Journeyman** - must have at least four (4) years of electrical training under the employment and supervision of a licensed electrical contractor or Class B electrician.

**Journeyman to Class B electrician** – must have at least two (2) years experience working under a Class B electrician or an electrical contractor, with a minimum of one (1) year experience in residential and farmstead wiring.

**Journeyman to Electrical Contractor** – must have at least two (2) years electrical experience under the employment and supervision of an electrical contractor, of which at least one (1) year is required in commercial wiring.

**Class B electrician to Electrical Contractor** – must have at least one (1) additional year in commercial wiring under the employment and supervision of a licensed electrical contractor.

**IMPORTANT** – The Commission respectfully requests applicants provide complete addresses of employers. The lack of complete addresses may cause delay or rejection of your application. Please list your CURRENT and all your PREVIOUS employers. You may attach additional sheets or utilize the remarks section on the next page for additional employers.

| Employer  | Estimated number of hours<br>In each category                    | Date Employed<br>MM/Year |    |
|---|--|--------------------------|----|
|   |  | From                     | To |
| Name _____<br>Street _____<br>City, State & Zip _____ | Commercial _____<br>Residential/Farmstead _____<br>Lineman _____ |                          |    |
| Description of type of work performed:<br>_____       |  |                          |    |
| Name _____<br>Street _____<br>City, State & Zip _____ | Commercial _____<br>Residential/Farmstead _____<br>Lineman _____ |                          |    |
| Description of type of work performed:<br>_____       |  |                          |    |
| Name _____<br>Street _____<br>City, State & Zip _____ | Commercial _____<br>Residential/Farmstead _____<br>Lineman _____ |                          |    |
| Description of type of work performed:<br>_____       |  |                          |    |
| Name _____<br>Street _____<br>City, State & Zip _____ | Commercial _____<br>Residential/Farmstead _____<br>Lineman _____ |                          |    |
| Description of type of work performed:<br>_____       |  |                          |    |
| Name _____<br>Street _____<br>City, State & Zip _____ | Commercial _____<br>Residential/Farmstead _____<br>Lineman _____ |                          |    |
| Description of type of work performed:<br>_____       |  |                          |    |

**Remarks**

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**Every application must be signed and dated and the fee must accompany the application.  
If the application is not signed and/or the fee was not submitted the application will be returned to you.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*I do solemnly swear the statements made herein are true and correct to the best of my knowledge and belief.  
I do solemnly swear applicant has attained the required experience for the license requested.*

Whether this application is approved or disapproved,  
The Electrical Commission will notify you of the action taken on your request.

“The disclosure of the applicant’s social security number is mandatory pursuant to 42 USCA 666, Title IV-D of the Social Security Act. The Electrical Commission will keep the applicant’s social security number confidential, except that the number may be provided to the Department of Social Services for use in administering Title IV-D of the Social Security Act.”