

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA ELECTRICAL COMMISSION

308 S. Pierre St. Pierre, SD 57501
Tel: 605.773.3573

2018 BIENNIAL RENEWAL FORM

DUE JUNE 30, 2018

*Licensee is required to satisfy continuing education requirements and child support arrears prior to submission of renewal form. **PLEASE COMPLETE ALL FIELDS.***

LICENSEE INFORMATION: Complete ALL contact information (all fields are required, including email address)

Name: _____ Cell: (____)____-____

Correspondence Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Do you prefer to receive correspondence by (please check one box): Mail or Email

Name of Business/Employer: _____ Business Tel: (____)____-____

RENEWAL INFORMATION: Check box for each license to be renewed. **Write license number on corresponding line.**

- | | |
|--|--|
| <input type="checkbox"/> Electrical Inspector\$40 License: _____ | <input type="checkbox"/> Journeyman\$40 License: _____ |
| <input type="checkbox"/> Electrical Contractor\$100 License: _____ | <input type="checkbox"/> Inactive JM\$40 License: _____ |
| <input type="checkbox"/> Inactive EC \$40 License: _____ | <input type="checkbox"/> Apprentice \$20 License: _____ |
| <input type="checkbox"/> Class B\$40 License: _____ | <input type="checkbox"/> 501(D) \$40 License: _____ |
| <input type="checkbox"/> Inactive Class B..... \$40 License: _____ | <input type="checkbox"/> Inactive 501(D) \$40 License: _____ |

Reinstatement Fee (renewal after June 30, 2018) – \$50

PAYMENT INFORMATION (please check one): Check Money Order Cash Credit Card

TOTAL AMOUNT DUE: \$ _____ (sum of licenses indicated for renewal above)

Checks: Make checks payable to the "South Dakota Electrical Commission."

Credit Cards: Licensees electing to utilize a credit card for payment may fax the signed renewal form to 605.773.6213 or email the renewal form to diana.peterson@state.sd.us. Once your renewal form has been approved we will contact you for card information. Remit check, money order or cash with mailed application. Please contact the office with questions.

SIGNATURE: _____ DATE: ____/____/____