

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA ELECTRICAL COMMISSION

217 West Missouri Avenue, Pierre, SD 57501
 Tel: 605.773.3573 Toll-Free: 1.800.233.7765 Fax: 605.773.6213 dlr.sd.gov/electrical

ELECTRICIAN LICENSE APPLICATION

INSTRUCTIONS: This application must be filled out legibly 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 30 of the even numbered years. The application process takes approximately 30 days. To apply for an apprentice license, fill out the [Apprentice License Application](#).

PART I

<i>Select one of the options below and submit the application fee with the completed application.</i>	APPLICATION FEE*	LICENSE OR RECIPROCAL FEES**	EXAM	RECIPROCAL
			Check one	
Electrical Inspector	\$ 60.00	\$ 100.00		
Electrical Contractor	\$ 60.00	\$ 200.00		
Inactive EC	\$ 60.00	\$ 80.00		
Reciprocal EC	\$ 60.00	\$ 200.00		
Class B Electrician	\$ 60.00	\$ 100.00		
Inactive CBE	\$ 60.00	\$ 80.00		
Journeyman	\$ 60.00	\$ 80.00		
Inactive JM	\$ 60.00	\$ 80.00		
Reciprocal JM	\$ 60.00	\$ 80.00		
501(d) - [licensee is restricted to wiring on 501(d) properties within South Dakota]	\$ 60.00	\$ 80.00		

*Application fee required to be remitted with application or credit card information provided on page 4.

**License/Reciprocal Fee required to be a separate check/money if submitted with application.

Name _____ SSN _____ ***

Mailing Address _____ City _____ State _____ Zip _____

Mobile (Personal): _____ Business: _____ Home: _____

Email address _____ Notification Preference: email mail

Type of SD license you currently hold? _____ License No. _____

Present Employer _____ Their License No. _____

***The disclosure of the applicant's Social Security Number (SSN) is mandatory pursuant to 42 USCA 666, Title IV-D of the Social Security Act. The Electrical Commission will keep the applicant's SSN confidential.

COMMISSION OFFICE USE ONLY		Date of Review _____			
	Approved	Disapproved	Reviewer(s)		
Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Reciprocal	<input type="checkbox"/>	<input type="checkbox"/>			
Issuance	<input type="checkbox"/>	<input type="checkbox"/>			
Type of Exam: EI – EC – CBE – JM					
Exam #	Exam Date	Score	Exam #	Exam Date	Score
1.	_____	_____	3.	_____	_____
2.	_____	_____	4.	_____	_____

PART II

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

If yes, State _____ Type _____ License# _____ In force from _____ to _____
 State _____ Type _____ License# _____ In force from _____ to _____

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

B. Have you ever had a license expire, denied, or revoked? Yes No If yes, please state reason:

C. Have you ever been convicted of, or pled guilty or nolo contendere to a crime of violence as defined under §22-1-2?
 Yes No **If yes, submit a separate sheet giving date, place, and full particulars and attach as part of this application.**

D. Are you a graduate of a 2-year technical institute/college or 4-year accredited college with a degree in the Electrical field?
 Yes No If yes, name of institution _____
 (for credit, please provide a copy of your transcripts)

EXPERIENCE DATA – break down your experience according to each classification

Classification	Hours as an Apprentice	Hours as a Journeyman	Hours as an Electrical Contractor
Residential/Farmstead wiring			
Commercial/Industrial wiring			
School (2000 hrs. maximum) <i>Provide name of school</i>			
Apprenticeship Classes. Hours and which organization?			
Other electrical experience. Please state type and hours			
<p>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? [mark one] Yes No</p>			
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

REQUIREMENTS

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.

PART III

Please list your CURRENT and all your PREVIOUS employers. Provide complete addresses of employers. **Incomplete addresses may cause delay or rejection of your application.** You may attach additional sheets.

Employer	Estimated number of hours for each	Employed (MM/YYYY)	
		From	To
Name _____	Commercial _____		
Address _____	Residential/Farmstead _____	___/___	___/___
City, State, Zip _____	Lineman _____	_____	_____
Email Address: _____			
Type of work performed: _____			
Name _____	Commercial _____	From	To
Address _____	Residential/Farmstead _____	___/___	___/___
City, State, Zip _____	Lineman _____	_____	_____
Email Address: _____			
Type of work performed: _____			
Name _____	Commercial _____	From	To
Address _____	Residential/Farmstead _____	___/___	___/___
City, State, Zip _____	Lineman _____	_____	_____
Email Address: _____			
Type of work performed: _____			
Name _____	Commercial _____	From	To
Address _____	Residential/Farmstead _____	___/___	___/___
City, State, Zip _____	Lineman _____	_____	_____
Email Address: _____			
Type of work performed: _____			
Name _____	Commercial _____	From	To
Address _____	Residential/Farmstead _____	___/___	___/___
City, State, Zip _____	Lineman _____	_____	_____
Email Address: _____			
Type of work performed: _____			

REMARKS (attach additional sheets if needed)

Application Checklist (ensure your application includes):

- Signature and Date Required Fees Additional sheets (if applicable to Part II C, Part II D, or Part III)

APPLICANTS ARE REQUIRED TO SUBMIT CERTIFICATES OF COMPLETION FOR ALL CONTINUING EDUCATION EARNED FROM 7/1/20 TO PRESENT.

To Submit: Mail or fax to the Electrical Commission at the address/fax number on Page 1. Check or money order should be payable to "South Dakota Electrical Commission".

By my signature below, 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. I also certify that I understand:

- If this application is not signed and dated or include required fees and other documentation, the application will be returned to me.
- If this application is emailed, it will be discarded.
- My SSN may be provided to the Department of Social Services for use in administering Title IV-D of the Social Security Act.
- Application and license fees are not pro-rated and are non-refundable
- Completion of this application does not guarantee approval of exam qualifications.
- Whether this application is approved or disapproved, the Electrical Commission will notify me.

Signature _____ Date _____