

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**SOUTH DAKOTA PLUMBING COMMISSION**

217 W. Missouri Ave., Pierre, SD 57501  
Tel. 605.773.3429 Fax: 605.773.5405 dlr.sd.gov/plumbing

**APPRENTICE LICENSE APPLICATION**

**INSTRUCTIONS**

This application must be filled out electronically or legibly printed in ink. Applicants must answer all questions and submit a complete application. The license fee is **\$10**.

<b>Application Type:</b>	Apprentice Plumber	Sewer & Water Installation Apprentice
	Appl. Inst. Apprentice	Mobile Home Apprentice
	W/C Inst. Apprentice	Underground Irrigation Apprentice

**Applicant Information**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been convicted of, or pled guilty or nolo contendere to a crime of violence as defined under SDCL §22-1-2?    Yes    No

If yes, explain on a separate sheet giving the date, place, and full particulars; attach as part of this application unless already on file.

**Employer Information**

Present Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employed as: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Email Address: \_\_\_\_\_

**License History**

Have you ever carried a Plumbing or Specialty License?    Yes    No    If yes, where?

State the type or grade of License: \_\_\_\_\_ Valid from: \_\_\_\_\_ to: \_\_\_\_\_

Was the License obtained by examination?    Yes    No

Have you ever had a Plumbing or Specialty License revoked?    Yes            No    By whom? \_\_\_\_\_

If yes, give reasons:

Is your spouse an active-duty member of the armed forces?    Yes    No

If Yes, is your spouse subject to military transfer to South Dakota, and did you leave employment to accompany your spouse to South Dakota?

Acknowledgement: I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. If granted a license, I promise to abide by all the laws and rules of the State of South Dakota governing these practices.

The disclosure of the applicant's Social Security number on the front page of this application form is mandatory pursuant to 42 USCA 666, Title IV-D of the Social Security Act. The Plumbing 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

**Application Submission:**

1. Fill, print, and sign application.
2. **MAIL to:** 217 W Missouri, Pierre, SD 57501      or **Fax to:** 605.773.5405

**Payment Methods:**

- \$10 check or money order payable to the **South Dakota Plumbing Commission**.
- To pay by credit card, please call the office at 605.773.3429. For your security, we are no longer accepting credit payments via email.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SPACE RESERVED FOR COMMISSION**

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

License Number Issued: \_\_\_\_\_