

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA PLUMBING COMMISSION
217 W Missouri Ave., Pierre SD 57501
Tel: 605.773.3429 dlr.sd.gov/plumbing

MOBILE HOME EXPERIENCE VERIFICATION

Applicant name: _____ **DOB:** _____ **City, State:** _____

is applying for the (select one): Mobile Home Contractor License

Mobile Home Installer License

To verify his/her work experience as an mobile home apprentice/installer, **PLEASE FILL IN THE INFORMATION AND RETURN TO THE ABOVE ADDRESS IN A TIMELY MANNER. PLEASE TAKE THE TIME TO FILL IN ALL SPACES TO ASSURE THE TIMELY PROCESSING OF APPLICATIONS.**

The experience on this form should be listed in years. List only the Apprentice/Installer years the above-named individual has worked for you.

Company name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Type of Experience	Number of Years
Mobile Home Installation	_____
Planning & laying out for	_____

The Mobile Home experience listed above was between _____ and _____.
(Dates must be month, day, and year)

Signature: _____ **Date:** _____
(Must be signed by a Mobile Home or Plumbing Contractor)

Contractor's License #: _____

State: _____ **Daytime phone #:** _____