

## APPRENTICE LICENSE APPLICATION

### INSTRUCTIONS

This application must be filled out electronically or legibly printed in ink. Failure to answer all questions and submit a complete application will cause the application to expire after 30 days. If your application expires, you will need to reapply and submit another application fee. All licenses expire on June 30 of the even-numbered years. The application process takes approximately 30 days and costs \$20.

### Complete ALL contact information (all fields are required unless otherwise indicated)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_ Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Optional: Business Cell: \_\_\_\_\_ Business Phone: \_\_\_\_\_ *Business numbers are public information*

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

(Renewal forms, tidbits, and other commission distributions will be sent via email only.)

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

If yes, State: \_\_\_\_\_ Type: \_\_\_\_\_ License#: \_\_\_\_\_ In force from \_\_\_\_\_ to \_\_\_\_\_

Have you ever had a license denied or revoked?    Yes    No    If yes, please state the reason below:

\_\_\_\_\_

Yes    No    Have you ever been convicted of, or pled guilty or nolo contendere to a crime of violence as defined under SDCL [§22-1-2](#)? If yes, explain on a separate sheet giving the date, place, and full particulars; attach as part of this application unless already on file.

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 also certify that I understand:

- If this application is not signed and dated or includes required fees, the application will be returned to me.
- 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

### Application Submission:

1. Print the signed application.
2. MAIL your application to 217 W Missouri, Pierre, SD 57501 or Fax: 605.773.6213

### Payment Methods:

- \$20 check or money order payable to the South Dakota Electrical Commission.
- To pay by credit card, please call the office at 605.773.3573. For your security, we are no longer accepting credit payments via email.

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