## **South Dakota State Electrical Commission**

217 West Missouri Avenue, Pierre, SD 57501-5070
Phone: 605.773.3573 or 1.800.233.7765 Fax: 605.773.6213
dlr.sd.gov/electrical/

## **Maintenance Electrician's License Application**

## Instructions:

- 1. Open this form in an Adobe reader to complete, print, sign, and mail. Changes made in your internet browser will not save. You can also print the form, fill out legibly and mail.
- 2. Failure to answer questions, sign and date this application may cause it to be returned.
- 3. All licenses have a two-year expiration on the anniversary date of the license. Please note licensee is required to attain one (1) *requested inspection* or complete the waiver for renewal.

**Note:** The nonrefundable application **fee of \$80** is required to be paid with the application to be acted upon.

| Type of Entity   |                  |                               |                 |  |
|--|------------------|-------------------------------|-----------------|--|
| Hospital Hotel/Motel Manufacturing Facility Nursing Home/Facility School Other |                  | Government<br>City<br>Federal | County<br>State |  |
| Main Office Informat   | tion             |                               |                 |  |
| Facilities Own   | ed Leased/Rented |                               |                 |  |
| Entity Name: Contact Person:   |                  |                               |                 |  |
| Email Address:   |                  | Phone:                        | Phone:          |  |
|  | t or PO Box      |                               |                 |  |
| City   | County           | State                         | Zip+4           |  |
|  | For Of           | fice Use Only                 |                 |  |
| Date of Review<br>☐ Approved<br>☐ Disapproved<br>Reason(s) for above A         |                  | Commission Approval           | <del></del>     |  |

## Maintenance will be performed at the following location(s): Facilities: Owned Leased/Rented Name of Entity: Address/Location: Street City County Contact Person: Phone: Email Address: Facilities: Owned Leased/Rented Name of Entity: Address/Location: \_\_\_\_\_ City Street County Contact Person: Phone: Leased/Rented Facilities: Owned Name of Entity: Address/Location: \_\_\_\_\_ City County Street Contact Person: Phone: Email Address: \*Attach an additional sheet containing the same information if needed As an officer of the above entity, I have read and understand the Maintenance Definition. Our Entity will assume all risk, liability, and responsibility for electrical work done by our employees: (For) \_\_\_\_\_ Signature Entity Title Date