

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

217 W Missouri, Pierre, SD 57501 | Tel: 605.773.3573 | Fax: 605.773.6213 | Email: [Electrical@state.sd.us](mailto:Electrical@state.sd.us)

**2022 BIENNIAL RENEWAL FORM**

**MAIL OR FAX ENTIRE  
APPLICATION**

**DUE JUNE 30 EVEN YEARS**  
*Reinstatement fee automatically  
added after this date.*

**Fill out and print or print and complete legibly.**

Licensee is required to satisfy continuing education requirements and child support arrearages prior to submission of renewal form. All continuing education may be gained online for the 2022 renewal. Please only remit one application per licensee. Duplicate remittances may result in delayed or nonrefundable fees.

**LICENSEE INFORMATION:**

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Personal phone: \_\_\_\_\_

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

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.)

**RENEWAL INFORMATION:**

Check the box for each license to be renewed. **Write license number on the corresponding line.**

License Type (Fee)	License Number	Amount
Electrical Inspector (\$100)		
Electrical Contractor (\$200)		
Inactive EC (\$80)		
Class B (\$100)		
Inactive Class B (\$80)		
Journeyman (\$80)		
Inactive JM (\$80)		
Apprentice (\$20)		
501(D) (\$80)		
Inactive 501 (D) (\$80)		
<input checked="" type="checkbox"/> Reinstatement Fee (renewal after June 30) (\$50)		<b>\$50</b>
<b>TOTAL AMOUNT DUE: _____</b>		

**PAYMENT METHOD**

Pay by (please check one):

Check      Money Order      Credit Card  
(Make checks or money orders payable to the Electrical Commission. To pay by credit card, please fill out the information below.)

Charge my credit card \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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 date, place, and full particulars; attach as part of this application unless already on file.

Yes      No Have you satisfied the continuing education requirements per ARSD [20:44:17](#)? (Selecting no denies renewal)

I solemnly swear the statements made herein are true and correct to the best of my knowledge and belief. I also certify I understand:

- If this application is not signed and dated or includes required fees, the application will be returned to me.
- Application and license fees are not pro-rated and are non-refundable.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_