

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

2022 BIENNIAL RENEWAL FORM

**MAIL, FAX, OR EMAIL
ENTIRE APPLICATION**

**JULY 1 AND AFTER
MUST NOW ADD
\$50 FEE**

Fill out and print or print and complete legibly.

The licensee is required to satisfy continuing education requirements and child support arrearages prior to submission of the 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 non-refundable 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)		\$50
TOTAL AMOUNT DUE:		_____

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: _____