

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA ELECTRICAL COMMISSION

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2020 BIENNIAL RENEWAL FORM

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

DUE JUNE 30, 2020

*Reinstatement fee automatically
 added after this date.*

Print blank form and complete.

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 2020 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: _____

Correspondence Address: _____

City: _____ State: _____ Zip: _____ Personal Tel.: _____

Email: _____

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.

OPTIONAL: Business Cell: _____ Business Phone: _____

Business numbers are public information

RENEWAL INFORMATION:

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

License Type (Fee)	License Number	Amount
<input type="checkbox"/> Electrical Inspector (\$40)		
<input type="checkbox"/> Electrical Contractor (\$100)		
<input type="checkbox"/> Inactive EC (\$40)		
<input type="checkbox"/> Class B (\$40)		
<input type="checkbox"/> Inactive Class B (\$40)		
<input type="checkbox"/> Journeyman (\$40)		
<input type="checkbox"/> Inactive JM (\$40)		
<input type="checkbox"/> Apprentice (\$20)		
<input type="checkbox"/> 501(D) (\$40)		
<input type="checkbox"/> Inactive 501 (D) (\$40)		
<input checked="" type="checkbox"/> Reinstatement Fee (renewal after June 30) (\$50)		\$50.00
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: _____

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

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 include required fees, the application will be returned to me.
- Application and license fees are not pro-rated and are non-refundable.

SIGNATURE: _____ DATE: _____