SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

SOUTH DAKOTA PLUMBING COMMISSION

217 W. Missouri Ave., Pierre, SD 57501
Tel. 605.773.3429 Fax: 605.773.5405 dlr.sd.gov/plumbing

ANNUAL PLUMBING LICENSE RENEWAL FORM

Plumbing licenses expire annually on December 31. They may be renewed no later than the immediately following January 31.

INSTRUCTIONS
This form must be filled out electronically or legibly printed in ink. Failure to submit a complete form with payment will result in a delay in processing.

License Type (select one): ☐ Plumbing Contractor $275 ☐ Journeyman Plumber $105
☐ 3rd year apprentice plumber $10 ☐ Apprentice plumber $10

SDPC Issued License Number: _____

Licensee Personal Information:

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Employer Information:

Present Employer: _____ Work Phone: _____

Employed as: _____ Start Date: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Employer Email Address: _____

Have you been convicted of, or pled guilty or nolo contendre to a crime of violence as defined under §22-1-2 since your last renewal? ☐ Yes ☐ No
(If yes, please provide a copy of the criminal complaint or indictment, sentencing order, and any evidence of rehabilitation.)

Payment Methods (fees are non-refundable):

- Check or money order payable to the South Dakota Plumbing Commission.
- To pay by credit card, please call the office at 605.773.3429. For your security, we **do not accept** credit card payments via email. The form must be submitted before payment.

Form Submission:

1. Print and sign form.
2. **MAIL to:** 217 W Missouri, Pierre, SD 57501 or **Fax to**: 605.773.5405

Acknowledgement: I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I promise to abide by all the laws and rules of the State of South Dakota governing these practices.

Signature of Licensee: _____ Date: _____