

**SOUTH DAKOTA PLUMBING COMMISSION**

217 W. Missouri Ave., Pierre, SD 57501

Tel. 605.773.3429 Fax: 605.773.5405 dlr.sd.gov/plumbing

**ANNUAL SPECIALTY LICENSE RENEWAL FORM**

**Specialty licenses expire annually on June 30. They may be renewed no later than the immediately following July 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.

<b>License Type (select one):</b>	Sewer and Water Contractor	\$235	Sewer and Water Installer	\$65
	Appliance Installation Contractor	\$160	Appliance Installation Installer	\$65
	Mobile Home Contractor	\$160	Mobile Home Installer	\$65
	Underground Irrigation Contractor	\$160	Underground Irrigation Installer	\$65
	Water Conditioning Contractor	\$160	Water Conditioning Installer	\$65

SDPC Issued License Number: \_\_\_\_\_

**Licensee Personal Information:**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Employer Information:**

Present Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employed as: \_\_\_\_\_ Start Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Email: \_\_\_\_\_

Have you been convicted of, or pled guilty or nolo contendere 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):**

- Mail 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

Acknowledgment: 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: \_\_\_\_\_