

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

**DUPLICATE/REPLACEMENT LICENSE REQUEST**

**INSTRUCTIONS:** Complete each section of this form accurately and to the best of your knowledge and send it to the Plumbing Commission with a check or money order for \$5.00.

**Print this form, fill out the form by printing legibly, sign, date, and send to the address at the top of this form.**

Licensee Name (First/Middle/Last): \_\_\_\_\_

License Number: \_\_\_\_\_

License Type: \_\_\_\_\_

Reason for request: \_\_\_\_\_

**Send license to:**

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

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

**By signing this form, you affirm all information provided is, to the best of your knowledge, true and accurate.**

\_\_\_\_\_  
**Licensee Signature**

\_\_\_\_\_  
**Date**