

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA PLUMBING COMMISSION

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LICENSE VERIFICATION REQUEST

INSTRUCTIONS: Print this form, fill out the form by printing legibly, sign, date, and send completed form to the address at the top of this form with the fee (a check or money order for **\$20** for each request).

Licensee Name (First/Middle/Last): _____

License Number: _____

License Type: _____

Reason for request: _____

Send verification by:

Email:

Email address: _____

Mail:

Name: _____

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