

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 Email: SDPlumbing@state.sd.us

INDIVIDUAL AND SMALL ON-SITE WASTEWATER SYSTEM INSTALLER LICENSE APPLICATION

APPLICATION FEE: \$50

INSTRUCTIONS

- This application must be filled out electronically or legibly printed in ink. Submit one application per license.
- **Complete all spaces provided.** If the item does not apply, write "na" in the space.
- Failure to sign, answer all questions, and submit a complete application will result in failure to process the application.
- An application will expire 45 days from the date of receipt. If your application expires, you will need to reapply and resubmit the application fee. All fees are non-refundable.

I would like to purchase a: **Individual and Small On-Site Wastewater Systems Handbook...\$40**

Applicant Personal Information

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

Social Security Number: _____ Date of Birth: _____ Age: _____

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

Phone: _____ Cell Phone: _____

Email Address: _____

Have you ever been convicted of or pled guilty or nolo contendere to a crime of violence as defined under §22-1-2?

Yes No

(If yes, please provide a copy of the criminal complaint or indictment, sentencing order, and any evidence of rehabilitation.)

Business Information *If you plan to offer these services as a business or work for one, you must fill in this information.*

Business Name: _____

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

Work Telephone: _____ Email Address: _____

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. If granted a license, I promise to abide by all the laws and rules of the State of South Dakota governing these practices.

The disclosure of the applicant's Social Security number on the front page of this application form is mandatory pursuant to 42 USCA 666, Title IV-D of the Social Security Act. The Plumbing Commission will keep the applicant's Social Security number confidential, except that the number may be provided to the Department of Social Services for use in administering Title IV-D of the Social Security Act.

Payment Methods:

- 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.

Application Submission:

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

Signature of Applicant: _____ Date: _____

SPACE RESERVED FOR COMMISSION

Date reviewed: _____ Reviewed by: _____

Denied: _____ Reason for denial: _____

Approved for exam: _____ Exam given: _____

Exam results: _____ Exam corrected by: _____

License Number Issued: _____