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

PLUMBING LICENSE REINSTATEMENT APPLICATION

INSTRUCTIONS

- This form must be filled out electronically or legibly printed in ink. **All fields are mandatory.**

Plumbing licenses expire annually on December 31st. An application to reinstate an expired license received after the immediately following January 31st is subject to initial license application requirements, $50 application fee and $100 exam fee. If an application to reinstate an expired license is received within one year of expiration, the examination will be waived.

License Type (select one): ◯ Plumbing Contractor $425 ◯ Plumber $255

SDPC Issued License Number: _____

Licensee Personal Information:

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

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

Phone: _____ Cell Phone: _____

Personal Email Address: _____ Date of Birth: _____

Employer Information:

Present Employer: _____ Work Phone: _____

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

Employer Email Address: _____ Start Date: _____

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):

- 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 form, proof of CE, and payment to:** 217 W Missouri, Pierre, SD 57501 or **Fax to**: 605.773.5405

Failure to submit a complete form with payment will result in a delay in processing. Reinstatement will not be processed without verification of continuing education completion.

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: _____