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

PLUMBING LICENSE APPLICATION

INSTRUCTIONS

Application Type:

Plumbing Contractor \$275

Journeyman Plumber \$105

3rd Year Apprentice Plumber \$10

- This application must be filled out electronically or legibly printed in ink.
- Complete all spaces provided. If the item does not apply, write "na" in the space.
- Failure to sign, provide experience verification or proof of license and license verification, or answer all q uestions and submit a complete application will result in failure to process application.

Select one:

• An application will expire after 30 days from date of receipt. If your application expires, you will need to reapply and resubmit fees. All fees are non-refundable.

License by exam (experience verification) \$100

3rd year license by exam \$50

License by reciprocity (proof of license and license verification) \$100

i would like to purchase a.	2015 UPC Codebook\$140 2015 UPC Study Guide\$70	2013 OF C III us	strated framing iv	iaiiuai\$160
Applicant Personal Inform	ation			
First Name:	M.I	Last Name:		
Social Security Number:	Da	te of Birth:		∖ ge:
Address:	City:		State:	Zip:
Phone:	Cel	ll Phone:		
Email Address:			_	
Is your spouse an active duty	member of the armed forces?	Yes No	Not applicable	
If yes, is your spouse subjec	ct to military transfer to South Da	akota? Yes	No	
Did you leave employment	to accompany your spouse to So	outh Dakota?	Yes No	
Current Employer Informa	tion			
Present Employer:			Work Phone: _	
Employed as:			Start Date: _	
Employer Address:			State:	

Employer Email Address:

Plumbing Education	
Are you a graduate of a Plumbing Trade School/Program?	Yes No
Name of school/program:	
Address of school/program:	
Other courses of Plumbing study, if any: Yes No	
Name of plumbing study:	
Address of plumbing study:	
Military Plumbing	
Have you completed any plumbing while serving in the milita	ary? Yes No
Branch of military: Enlistme	ent Date: Discharge Date:
Military plumbing work experience:	
Supervisor name:	
Supervisor contact information:	
Plumbing License History	
Have you ever carried a Plumbing or Specialty License? You	es No If yes, where?
State the type or grade of License:	Valid from: to:
Was the License obtained by examination? Yes No If b	y exam, plumbing code of exam: UPC IPC
If not by exam, how was license obtained:	
Have you ever had a Plumbing or Specialty License revoked?	Yes No
If yes, by whom and give reasons:	
Have you previously made application for a State of South D	akota Plumbing license? Yes No
Have you previously been examined for a Plumbing license b	•
If yes, state type, and results of examination:	
Professional References	
List at least two (2) persons actively engaged in the plumbing indu	stry that you have worked under
(2) persons assurely engages in the premising man	I C
Name:	Name:
Occupation:	Occupation:
Address:	Address:
Phone Number:	Phone Number:
Email address:	Email address:
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Plumbing Experience

Type of Diumbing synamics	Time as apprentice		Time as Journeyman		Time as Contractor	
Type of Plumbing experience	Months	Years	Months	Years	Months	Years
Residential plumbing						
Commercial & industrial plumbing						
Farmstead plumbing						
Plumbing maintenance & repair						
Sewer & water Installation						
Appliance installation						
Water cond't installation						
Mobile home plumbing work						
Underground irrigation plumbing work						
Planning and layout for						
TOTAL					· · · · · · · · · · · · · · · · · · ·	

Plumbing Employment Record

Only list employment related to your application. For license by exam, you must submit an experience verification form or letter signed by the Plumbing Contractor you worked under confirming the information below.

Employer Information	Dates E	mployed	Type of Plumbing work
	From Month/Year	To Month/Year	
Name:			
Address:			
Phone number or email address:			
Name:			
Address:			
Phone number or email address:			
Name:			
Address:			
Phone number or email address:			

Comments by Applicant				
Additional information for consideration:				
	perjury that this claim (petition, application, information) has been examined by true and correct. If granted a license, I promise to abide by all the laws and rules of			
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				
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Payment Methods (fees are non-refundable):				
 Send check or money order payable to the 				
 To pay by credit card, please call the office payments via email. 	e at 605.773.3429. For your security, we <u>do not accept</u> credit card			
Application Submission:				
 Print and sign application. MAIL to: 217 W Missouri, Pierre, SD 5750 	or Fax to : 605.773.5405			
NOTE: Application will not be processed without re	eceipt of fees and experience verification or proof of license.			
Signature of Applicant:	Date:			
SPACE RESE	RVED FOR COMMISSION			
Date: Reviewed by: A	pproved for exam: Approved for reciprocity:			
Denied: Denial Reason:				
	License number:			
	License number:			
Reciprocated from: Proctor:	License number:			
Reciprocated from: Proctor:	License number:			

License Number Issued:

Date: