

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

- 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 questions and submit a complete application will result in failure to process application.
- 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.

Application Type: Plumbing Contractor \$275 Journeyman Plumber \$105 3 rd Year Apprentice Plumber \$10	Select one: License by exam (experience verification) \$100 License by reciprocity (proof of license and license verification) \$100 3 rd year license by exam \$50
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I would like to purchase a: **2015 UPC Codebook...\$140** **2015 UPC Illustrated Training Manual...\$180**
 2015 UPC Study Guide...\$75

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: _____

Is your spouse an active duty member of the armed forces? Yes No Not applicable

 If yes, is your spouse subject to military transfer to South Dakota? Yes No

 Did you leave employment to accompany your spouse to South Dakota? Yes No

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.)

Current Employer Information

Present Employer: _____ Work Phone: _____

Employed as: _____ Start Date: _____

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

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 military? Yes No

Branch of military: _____ Enlistment Date: _____ Discharge Date: _____

Military plumbing work experience: _____

Supervisor name: _____

Supervisor contact information: _____

Plumbing License History

Have you ever carried a Plumbing or Specialty License? Yes No If yes, where? _____

State the type or grade of License: _____ Valid from: _____ to: _____

Was the License obtained by examination? Yes No If by 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 Dakota Plumbing license? Yes No

Have you previously been examined for a Plumbing license by this commission? Yes No

If yes, state type, and results of examination: _____

Professional References

List at least two (2) persons actively engaged in the plumbing industry that you have worked under.

Name: _____
Occupation: _____
Address: _____
Phone Number: _____
Email address: _____

Name: _____
Occupation: _____
Address: _____
Phone Number: _____
Email address: _____

Plumbing Experience

Type of Plumbing experience	Time as apprentice		Time as Journeyman		Time as Contractor	
	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 Employed		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:

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 (fees are non-refundable):

- Send 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, Pierre, SD 57501 or **Fax to:** 605.773.5405

NOTE: Application will not be processed without receipt of fees and experience verification or proof of license.

Signature of Applicant: _____ Date: _____

SPACE RESERVED FOR COMMISSION

Date: _____ Reviewed by: _____ Approved for exam: _____ Approved for reciprocity: _____

Denied: _____ Denial Reason: _____

Reciprocated from: _____ License number: _____

Date of exam: _____ Proctor: _____

Passed Failed Score: _____ Corrected by: _____

License Number Issued: _____ Date: _____ By: _____