

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

SPECIALTY CONTRACTOR LICENSE APPLICATION

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, 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 (select one):	Sewer and Water Contractor
Application fee: \$50	Appliance Installation Contractor
	Mobile Home Contractor
	Underground Irrigation
	Contractor Water Conditioning

Must select one:

License by exam (experience verification required)

License by reciprocity (proof of individual's state license by exam and verification required)

License by upgrade (experience verification required and must have scored 80% or more on exam)

I would like a temporary license:

(Sewer & Water applicants) I would like to purchase a: Utility Contractor Handbook...\$50

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, and 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: _____

Supervisor: _____

Professional License History

Have you ever carried a Specialty License? Yes No If yes, which state? _____

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 Specialty License revoked? Yes No

If yes, by whom and give reasons: _____

Have you previously made application for a State of South Dakota Specialty license? Yes No

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

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

Professional References

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

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

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 or Specialty Licensed Contractor you worked under confirming the information below.

IMPORTANT Failure to provide complete information may result in the delay of processing.	Dates Employed		Type of 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 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 required documentation.

Signature of Applicant: _____ Date: _____

SPACE RESERVED FOR COMMISSION

Date: _____ Reviewed by: _____

Deficient: _____ Date deficiency notice sent: _____

Denied: _____ Denial Reason: _____

Approved for reciprocity: _____ Reciprocated from: _____ License number: _____

Approved for exam: _____ Date of exam: _____ Proctor: _____

Passed Failed Score: _____ Corrected by: _____

Approved for upgrade: _____ Previous Score: _____

License Number Issued: _____ Date: _____ By: _____