

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 INSTALLER LICENSE APPLICATION

INSTRUCTIONS

- Submit one application per license type.
- 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 45 days from date of receipt. If your application expires, you will need to reapply and resubmit fees.

Application fee: \$50

<p>License Type (select one): Sewer and Water Installer Appliance Installation Installer Mobile Home Installer Underground Irrigation Installer Water Conditioning Installer</p>	<p>Must select one: License by exam (experience verification required) License by reciprocity (proof of state license by exam and license verification required)</p>
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I would like a temporary license:

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.)

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

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, 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 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 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 From To Month/Year Month/Year		Type of work
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 received: _____ Application fee paid: _____ Date reviewed: _____ Reviewed by: _____

Approved for Temp License: _____ Temp License Number Issued: _____

Deficient: _____ Date deficiency notice sent: _____ Date deficiency resolved: _____

Denied: _____ Denial Reason: _____

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

Experience for testing: _____ Approved for exam: _____ Exam fee paid: _____

Date of exam: _____ Passed Failed Score: _____ Corrected by: _____

License fee paid: _____ License Number Issued: _____ Date issued: _____