

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

SPECIALTY 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:	Sewer and Water Contractor...\$235	Sewer and Water Installer...\$65
	Appliance Installation Contractor...\$160	Appliance Installation Installer...\$65
	Mobile Home Contractor...\$160	Mobile Home Installer...\$65
	Underground Irrigation Contractor...\$160	Underground Irrigation Installer...\$65
	Water Conditioning Contractor...\$160	Water Conditioning Installer...\$65

Must select one (\$100 fee): License by exam (experience verification required) License by reciprocity (proof of license and verification required)
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(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

Current Employer Information

Present Employer: _____ Work Phone: _____
Employed as: _____ Start Date: _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Employer Email Address: _____

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, and results of examination: _____

Education

Are you a graduate of a Trade School/Program for your specialty? Yes No
Name of school/program: _____
Address of school/program: _____
Other courses of study related to your specialty, if any: Yes No
Name of study: _____
Address of study: _____

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: _____

Work Experience

Total years of experience	Experience		
	Years As Apprentice	Years As Installer	Years As Contractor
Farmstead plumbing			
Sewer & Water Installation			
Appliance Installation			
Water Conditioning Installation			
Mobile Home Installation			
Underground Irrigation plumbing work			
Planning and layout for			
TOTAL			

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 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: _____