

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA PLUMBING COMMISSION
217 W. Missouri Ave., Pierre, SD 57501
Tel: 605.773.3429 dlr.sd.gov/plumbing

WATER CONDITIONING EXPERIENCE VERIFICATION FORM

Applicant name: _____ **DOB:** _____ **City, State:** _____

is applying for the (select one): Water Conditioning Contractor License _____

Water Conditioning Installer License _____

To verify his/her work experience as a water conditioning apprentice/installer, **PLEASE FILL IN THE INFORMATION AND RETURN TO THE ABOVE ADDRESS IN A TIMELY MANNER. PLEASE TAKE THE TIME TO FILL IN ALL SPACES TO ASSURE TIMELY PROCESSING OF APPLICATIONS.**

The experience on this form should be listed in years. List only the Apprentice/Installer years the above-named individual has worked for you.

Company name: _____

Address: _____

Type of Experience	Number of Years
Water Conditioning Installation	_____
Planning & laying out for	_____

Water Conditioning experience listed above was between _____ and _____
(Dates must be month, day, and year)

Signature: _____ **Date:** _____
(Must be signed by a Water Conditioning Contractor)

Contractor's License #: _____

State: _____ **Daytime phone #:** _____