

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

APPLIANCE INSTALLATION EXPERIENCE VERIFICATION FORM

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

is applying for the (select one): Appliance Installation Contractor License _____

Appliance Installation Installer License _____

To verify his/her work experience as an appliance installation 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 THE 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: _____

City: _____ State: _____ Zip: _____

Type of Experience	Number of Years
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Appliance Installation:	_____
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Planning & laying out for:	_____
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Appliance Installation experience listed above was between _____ and _____
(Dates must be month, day, and year)

Signature: _____ **Date:** _____
(Must be signed by an Appliance Installation Contractor)

Contractor's License #: _____

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