

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

SEWER & WATER EXPERIENCE VERIFICATION FORM

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

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

Sewer and Water Installer License _____

To verify his/her work experience as a sewer and water 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
Sewer and Water Installations	_____
Farmstead Plumbing	_____
Planning & laying out for	_____

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

Signature: _____ **Date:** _____
(Must be signed by a Sewer and Water Contractor or Plumbing Contractor)

Contractor's License # _____

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