

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 email: sdplumbing@state.sd.us

ANNUAL SPECIALTY LICENSE RENEWAL FORM

Specialty licenses expire annually on June 30. They may be renewed no later than the immediately following July 31.

INSTRUCTIONS

This form must be filled out electronically or legibly printed in ink. Failure to submit a complete form with payment will result in a delay in processing.

License Type (select one):

Sewer and Water Contractor \$235	Sewer and Water Installer \$65	Sewer and Water Apprentice \$10
Appliance Installation Contractor \$160	Appliance Installation Installer \$65	Appliance Installation Apprentice \$10
Mobile Home Contractor \$160	Mobile Home Installer \$65	Mobile Home Apprentice \$10
Underground Irrigation Contractor \$160	Underground Irrigation Installer \$65	Underground Irrigation Apprentice \$10
Water Conditioning Contractor \$160	Water Conditioning Installer \$65	Water Conditioning Apprentice \$10

SDPC Issued License Number: _____

Licensee Personal Information:

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ Date of birth: _____

Employer Information:

Present Employer: _____ Work Phone: _____

Employed as: _____ Start Date: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Employer Email: _____

Have you been convicted of, or pled guilty or nolo contendere to a crime of violence as defined under §22-1-2 since your last renewal? Yes No

(If yes, please provide a copy of the criminal complaint or indictment, sentencing order, and any evidence of rehabilitation.)

Payment Methods (fees are non-refundable):

- Mail 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 card payments via email. The form must be submitted before payment.

Form Submission:

1. Print and sign form.
2. **MAIL to:** 217 W Missouri, Pierre, SD 57501 or **Fax to:** 605.773.5405

Acknowledgment: 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. I promise to abide by all the laws and rules of the State of South Dakota governing these practices.

Signature of Licensee: _____ Date: _____