

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

PLUMBING 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.
- Must provide documentation for trade school completion, military plumbing experience, experience verification, and/or valid license verification.
- Failure to sign, answer all questions, and submit a complete application will result in failure to process the application.
- An application will expire 30 days from the date of receipt. If your application expires, you will need to reapply and resubmit fees. All fees are non-refundable.

Application Type: Plumbing Contractor \$275 Plumber \$105 3 rd Year Apprentice Plumber \$10	Select one: License by exam (experience verification) \$100 License by reciprocity (proof of license by exam & license verification) \$100 3 rd year apprentice license by exam \$50
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I would like a temporary license (\$50):

I would like to purchase a: **2015 UPC Codebook...\$140** **2015 UPC Illustrated Training Manual...\$180**
 2015 UPC Study Guide...\$75

Applicant 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? Yes No

Did you leave employment to accompany your spouse to South Dakota? Yes No

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

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

Current Employer Information

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

Plumbing Education (must provide proof of completion for trade school credit)

Are you a graduate of a Plumbing Trade School/Program? Yes No

Name of school/program: _____

Address of school/program: _____

Other courses of Plumbing study, if any: Yes No

Name of plumbing study: _____

Address of plumbing study: _____

Military Plumbing (must provide proof of plumbing experience in the military)

Have you completed any plumbing while serving in the military? Yes No

Branch of military: _____ Enlistment Date: _____ Discharge Date: _____

Military plumbing work experience: _____

Supervisor name: _____

Supervisor contact information: _____

Plumbing License History

Have you ever carried a Plumbing or 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 Plumbing or Specialty License revoked? Yes No

If yes, by whom and give reasons: _____

Have you previously made application for a State of South Dakota Plumbing license? Yes No

Have you previously been examined for a Plumbing license by this commission? Yes No

If yes, state type, and results of examination: _____

Professional References

List at least two (2) persons actively engaged in the plumbing industry that you have worked under.

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Email address: _____	Email address: _____

Plumbing 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 Contractor you worked under confirming the information below.

Employer Information	Dates Employed		Type of Plumbing 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 card 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 required documentation.

Signature of Applicant: _____ Date: _____

SPACE RESERVED FOR COMMISSION

Date: _____ Reviewed by: _____

Deficient: _____ Deficiency notice sent: _____

Denied: _____ Denial Reason: _____

Approved for reciprocity: _____ Reciprocated from: _____ License number: _____

Experience for testing: _____

Approved for exam: _____ Date of exam: _____ Proctor: _____

Passed Failed Score: _____ Corrected by: _____

License Number Issued: _____ Date: _____ By: _____