

SOUTH DAKOTA STATE PLUMBING COMMISSION

217 West Missouri Ave
 Pierre, South Dakota 57501-2017
 Phone: (605) 773-3429
 FAX: (605) 773-5405

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

1. This application must be typewritten or printed in ink.
2. Complete all spaces provided. If the Question does not apply, write "none" in the space.
3. **Sign the application.**
4. Accompany this application with the appropriate fee as indicated on the application.
5. Accompany this application with written statements from present and previous employers which must state: a) dates of employment; b) number of hours worked during employment; and, c) extent of work performed during employment.
6. Reciprocity applicants – accompany this application with a photo-copy of your current license from the state in which you are licensed and disregard instruction #5. (MN, ND, MT, CO RESIDENTS ONLY)
7. Applicants for apprentice licenses may disregard instructions #5 and #6.

NOTE: FAILURE TO COMPLY WITH ALL INSTRUCTIONS WILL CAUSE APPLICATION TO BE RETURNED!

PLUMBING CONTRACTOR..... JOURNEYMAN PLUMBER..... APPRENTICE PLUMBER..... (Less than 4 years) APPLIANCE INSTALLATION CONTRACTOR..... APPLIANCE INSTALLATION INSTALLER..... APPL. INST. APPRENTICE..... (Less than 2 years) MOBILE HOME CONTRACTOR..... MOBILE HOME APPRENTICE..... MOBILE HOME INSTALLER..... TEMPORARY PERMIT.....	WATER CONDITIONING CONTRACTOR... WATER CONDITIONING INSTALLER..... W/C INST. APPRENTICE..... (Less than 2 years) SEWER & WATER CONTRACTOR..... SEWER & WATER INSTALLER..... S. & W. INST. APPRENTICE..... (Less than 2 years) IRRIGATION CONTRACTOR..... IRRIGATION INSTALLER..... IRRIGATION APPRENTICE..... CODE BOOK..... STUDY GUIDE..... UTILITY HANDBOOK.....
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NAME _____ DATE _____

SOCIAL SECURITY NUMBER _____ RES. PHONE NUMBER _____

MAILING ADDRESS _____

Street Number County City State Zip Code

EMAIL ADDRESS _____

YOUR AGE YOUR DATE OF BIRTH YOUR PLACE OF BIRTH

(MM/DD/YYYY) City State

PRESENT EMPLOYER _____ WORK PHONE NUMBER _____

EMPLOYED AS _____

ADDRESS OF EMPLOYER _____

EMAIL ADDRESS OF EMPLOYER _____

	NEED BOARD SIGNING
	SEND REFERENCES ()

Have you ever carried a Plumbing License?

If so, where?

State the type or grade of License

In force, from to

Was the License obtained by examination?
If so, give reasons

Have you ever had a
Plumbing License revoked?

By whom?

Have you previously been examined for a Plumbing License by this commission?

If so, state type, and results of examination

Approved
Disapproved

Have you previously made application for a State of South Dakota Plumbing License?

Is your spouse an active duty member of the armed forces?

If Yes, is your spouse subject to military transfer to South Dakota, and did you leave employment to accompany your spouse to South Dakota?

SCHOOL RECORD

Education:

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Are you a graduate of a Plumbing Course of an accredited University or College?

Give degree Year Name of School

Address of School

Are you a graduate of a Plumbing Trade School?

Name of above School

Address of above School

State other courses of Plumbing Study, if any

Name and address of above

EMPLOYMENT DATA

Be sure that you break down your experience according to each classification.

Total years of Plumbing Experience	EXPERIENCE					
	As Apprentice		As Journeyman		As Contractor	
CLASSIFICATION	Months	Years	Months	Years	Months	Years
Residential Plumbing.....						
Commercial & Industrial Plumbing....						
Farmstead Plumbing.....						
Plumbing Maintenance & Repair.....						
Sewer & Water Installation.....						
Appliance Installation.....						
Water Cond't. Installation.....						
Planning & laying out for.....						
Mobile Home Plumbing Work.....						
	TOTAL YEARS		TOTAL YEARS		TOTAL YEARS	

REFERENCES

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

Name Address Occupation	Name Address Occupation
Name Address Occupation	Name Address Occupation

PLUMBING EMPLOYMENT RECORD

IMPORTANT Unless complete address of employer is given, it is impossible to properly process your application and will cause delay. PREVIOUS AND PRESENT EMPLOYERS	DATES EMPLOYED From To Month Year Month Year		TYPE OF PLUMBING WORK
Name		Present	
Address			
Name	From	To	
Address			
Name	From	To	
Address			

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.

SIGNATURE

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.

