



**Plumbing Education**

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**

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

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

## Plumbing Experience

| Type of Plumbing experience          | Time as apprentice |       | Time as Journeyman |       | Time as Contractor |       |
|--------------------------------------|--------------------|-------|--------------------|-------|--------------------|-------|
|                                      | 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            |                    |       |                    |       |                    |       |
| Mobile home plumbing work            |                    |       |                    |       |                    |       |
| Underground irrigation plumbing work |                    |       |                    |       |                    |       |
| Planning and layout for              |                    |       |                    |       |                    |       |
| <b>TOTAL</b>                         |                    |       |                    |       |                    |       |

## 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<br>Month/Year | To<br>Month/Year |                       |
| <b>Name:</b><br>_____<br><b>Address:</b><br>_____<br><b>Phone number or email address:</b><br>_____ |                    |                  |                       |
| <b>Name:</b><br>_____<br><b>Address:</b><br>_____<br><b>Phone number or email address:</b><br>_____ |                    |                  |                       |
| <b>Name:</b><br>_____<br><b>Address:</b><br>_____<br><b>Phone number or email address:</b><br>_____ |                    |                  |                       |

**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 experience verification or proof of license.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SPACE RESERVED FOR COMMISSION**

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Approved for exam: \_\_\_\_\_ Approved for reciprocity: \_\_\_\_\_

Denied: \_\_\_\_\_ Denial Reason: \_\_\_\_\_

Reciprocated from: \_\_\_\_\_ License number: \_\_\_\_\_

Date of exam: \_\_\_\_\_ Proctor: \_\_\_\_\_

Passed    Failed    Score: \_\_\_\_\_ Corrected by: \_\_\_\_\_

License Number Issued: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_