

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA ELECTRICAL COMMISSION

217 West Missouri Avenue, Pierre, SD 57501
Tel: 605.773.3573 Toll-Free: 1.800.233.7765 Fax: 605.773.6213 dlr.sd.gov/electrical

APPRENTICE LICENSE APPLICATION

INSTRUCTIONS

This application must be filled out electronically and printed or printed and legibly printed in ink. Complete all spaces. If the question does not apply, write "none" in the blank space. Failure to answer questions may cause the application to be returned. All licenses expire June 30 of the even numbered years. The application process takes approximately 30 days.

Part A

Name _____ SSN _____ **

Mailing Address _____ City _____

State _____ Zip _____ Preferred Tel: (_____) _____ - _____ Alternate Tel: (_____) _____ - _____

Email address _____ Notification Preference: email mail

Present Employer _____ Their License No. _____

***The disclosure of the applicant's Social Security Number (SSN) is mandatory pursuant to 42 USCA 666, Title IV-D of the Social Security Act. The Electrical Commission will keep the applicant's SSN confidential.*

Part B

Have you ever been issued an electrical license from another State? Yes No

If yes, State _____ Type _____ License# _____ In force from _____ to _____

Have you ever had a license denied or revoked? Yes No If yes, please state reason below:

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, submit a separate sheet giving date, place, and full particulars and attach as part of this*

By my signature below, I do solemnly swear the statements made herein are true and correct to the best of my knowledge and belief. I also certify that I understand:

- If this application is not signed and dated or include required fees, the application will be returned to me.
- My SSN may be provided to the Department of Social Services for use in administering Title IV-D of the Social Security Act.
- Application and license fees are not pro-rated and are non-refundable

Signature _____ Date ____/____/____

To Submit: Mail to the South Dakota Electrical Commission at the address on the top of this application.

Ensure your application includes:

- Signature and Date
- Required \$20 Fee, Payable to "South Dakota Electrical Commission"