

Application for Inactive Construction Supervisor

Website: www.siouxfalls.org/building

This application must be typewritten or printed in ink.

Applicant Information

Full Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Mobile Phone Number _____

Email Address _____

Employer Information

Present Employer _____

Employer's Mailing Address _____

City _____ State _____ Zip _____

Business Phone Number _____

Oath/Signature

I hereby declare that any statements herein are true and complete, with the same effect as though given under oath.

Applicant's Signature

Date

Space below reserved for office use

Receipt Number _____

List Verified _____

Fees \$ _____

Assigned License Number _____

Date License Mailed _____

Application Instructions for Inactive Construction Supervisor

City of Sioux Falls

General

Persons may apply for and take the construction supervisor's examination and upon passing examination and paying the appropriate license fees may be issued an inactive construction supervisor's license.

An inactive construction supervisor's license does not allow such persons to do work as a residential building contractor. It does, however, allow such persons to hold a current license with the Building Services department to avoid retesting upon reinstatement of the residential building contractor's license.

License renewal is triennial and continuing education is required once during each licensure period. No inactive construction supervisor shall have his license renewed until he has completed a minimum of one hour attendance at a course which is approved by the Building Official or has retaken and passed the construction supervisor's examination and paid the examination and license fee required for a new license.

Applications cannot be processed until the fee is submitted. License processing takes approximately two weeks.

License Application

This form must be fully completed, signed, and dated by applicant.

License Fee

\$25.

Make check or money order payable to the City of Sioux Falls.

Expiration

License expires on March 1 every third year beginning on March 1, 1998.

Mail To

Building Services
Attention: Tonya
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402
(605) 367-8672

FAX APPLICATIONS

(This section to be completed for application by fax only)

Charge to MasterCard Visa

Card Number # _____

Expiration Date _____ Three- or four-digit security code that is printed on the
backside of the credit card _____

Cardholder's Name (Print name as it appears on card)

Authorized Signature

Date

Fax Number (605) 367-8737