

CONTINUING EDUCATION CERTIFICATE

PLANNING AND BUILDING SERVICES

LICENSING DIVISION

224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402
www.siouxfalls.org/building

Continuing Education Certificate

Employer's Name: _____

Construction Supervisor's Name: _____

Phone Number During the Day: _____

Student's Name: _____ Phone: _____

Course Title: _____

Course Sponsor or School: _____

Course Location: _____ Course Hours: _____

Instructor's Name: _____

ATTEST: _____ Date: _____

Signature of Instructor or Course Sponsor

**This Certificate must be submitted to the
Planning and Building Services Department
by March 1, 2010.**

Space below for office use only

 Accepted Denied

Building Official: _____ Date: _____