

Application Instructions for Electrician's License

City of Sioux Falls

General

Applications cannot be accepted for an Apprentice License unless a State application and the appropriate fee is attached to the City license or the applicant holds a valid South Dakota apprentice license. Applications for a Journeyman License cannot be accepted unless the applicant holds an equivalent South Dakota State license. Applications cannot be processed until all documents and fees have been submitted. Application processing takes approximately two weeks.

License Application

Form must be fully completed, signed, and dated by the applicant.

Fees

\$40.00	Journeyman (August 1, 2008–July 31, 2009)
\$20.00	Journeyman, prorated (August 1, 2009–July 31, 2010)
\$40.00	Journeyman (August 1, 2010—July 31, 2011)
\$20.00	Journeyman, prorated (August 1, 2011—July 31, 2012)
\$20.00	Apprentice (August 1, 2008–July 31, 2009)
\$10.00	Apprentice, prorated (August 1, 2009–July 31, 2010)
\$20.00	Apprentice (August 1, 2010—July 31, 2011)
\$10.00	Apprentice, prorated (August 1, 2011—July 31, 2012)

Make checks payable to the City of Sioux Falls.

Expiration

All licenses expire biennially beginning on July 31, 1994.

Mail To

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

Application for Electrician's License

Website: www.siouxfalls.org/building

This application must be typewritten or printed in ink.

Type of License Requested

Apprentice

Journeyman

Applicant Information

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Home Phone Number _____ Local Work or Cell Phone Number _____

List all South Dakota electrical licenses you currently hold _____ License Number _____

List previous Sioux Falls electrical license you have held _____ License Number _____

Employer Information

Present Employer _____ Business Phone Number _____

Employer's Mailing Address _____

City _____ State _____ Zip _____

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 _____ Fee \$ _____

Assigned License Number _____ Date License Mailed _____

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