

**Application Instructions for
Master Mechanic's License
City of Sioux Falls**

General

Applications cannot be processed until examination has been taken, passed, and all documents have been received and the fee submitted. License processing takes approximately two weeks.

License Application

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

Fees

\$100.00 Active Master Mechanic (January 1–December 31, 2008)
\$50.00 Active Master Mechanic, prorated (January 1–December 31, 2009)
\$100.00 Active Master Mechanic (January 1—December 31, 2010)
\$50.00 Active Master Mechanic, prorated (January 1—December 31, 2011)
\$10.00 Inactive Master Mechanic

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

Expiration

All licenses expire biennially beginning on December 31, 1995.

Mail To

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

Application for Master Mechanic's License

Website: www.siouxfalls.org/building

This application must be typewritten or printed in ink.

Active Master Mechanic

Inactive Master Mechanic

Applicant Information

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Mobile Phone No. _____ Date of Birth _____

Have you ever been an owner, corporate officer, or employee of any company involved with the selling or installation of HVAC equipment or servicing that equipment? Yes No

If so, state where, when, and was it ever revoked, suspended, or censured? _____

Have you ever had a mechanical license issued to you previously? Yes No

If so, state where, when, and was it ever revoked, suspended, or censured? _____

Employer Information

Present Employer _____

Employer's Mailing Address _____

City _____ State _____ Zip _____

Business Phone No. _____

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 _____

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