

**Master Plumber Examination
Journeyman Plumber Examination
Application and Testing Instructions
City of Sioux Falls**

General

For master plumber and journeyman plumber examinations, applications cannot be accepted unless the applicant holds an equivalent South Dakota state license. Applications that are incomplete or not accompanied with the fee will not be processed. Applications must be received one week prior to the next scheduled testing date to qualify for testing on that date.

Application

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

Fee—\$65

The fee is nonrefundable. Make check or money order payable to the City of Sioux Falls.

Examination Schedule

Tests are given when required. You will be notified a week before the scheduled exam date.

Examination Location

Location will be determined at the time of testing and you will be notified.

Examination

The examination for master or journeyman plumber are closed book and consist of multiple-choice questions and some drawing. The permitted test time is four (4) hours. To order publications, contact www.iapmo.org/publications.

Study Suggestions

The Plumbing Board of Appeals and Examiners suggests that you study the 2003 Uniform Plumbing Code.

License

You must apply for your license within 30 days after passing the examination or you will be required to retest.

Mail To

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

Plumbing Board of Appeals and Examiners
224 West Ninth Street, P.O. Box 7402
Sioux Falls, SD 57117-7402
(605) 367-8672

Website: www.sioxford.org/building

Application for Examination

Please print or type the following information

Designate the appropriate examination for which you are applying:

Master Plumber

Journeyman Plumber

Full Name

Date of Birth

Home address

Phone:

Residence

Business

Cell

City

State

Zip

Employer _____

List all the State Licenses you hold

License Number

Years Held

Signature

Date

Space Below for Board Use Only

Examination Date _____

Receipt Number _____

Score _____

Fee _____

Board Chairman _____

Date _____

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 back side of the credit card _____

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

Authorized Signature

Date

Fax Number (605) 367-8737

2008 Plumbing Examination Schedule

Tests are given when required. You will be notified a week before the scheduled exam date.