

City of Sioux Falls 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 Inactive Electrical Contractor

Please mail license card to: Applicant Employer

Applicant Information

Full Name _____
(First) (Middle) (Last)

Home Mailing Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

List all South Dakota electrical licenses you currently hold.

_____ License Number _____

_____ License Number _____

Please submit a copy of your state license and photo ID with this application

Employer Information

Employer listed must be licensed as an electrical contractor in the city of Sioux Falls.

Electrical Contractor/Employer _____ 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: _____ Fee: \$ _____

Assigned License Number: _____ Date License Mailed: _____

Application Instructions for Electrician's License

City of Sioux Falls

General:

Applications for an **Apprentice License** can only be accepted if a state application and the appropriate fees are submitted with the City application *or* the applicant holds a valid South Dakota apprentice license. To apply for a license with the State Electrical Commission, you may contact them at dlr.sd.gov/bdcomm/electric/. If state application is submitted to City, it must be submitted with a separate payment and must be a check or money order made to State Electrical Commission. City applications may be submitted with cash, check, or credit card.

Applications for a **Journeyman License** can only be accepted if the applicant holds an equivalent or higher South Dakota state license.

Applications for **Inactive Electrical Contractor** cannot be processed until contractor examination has been taken, passed, and all documents and fees have been submitted. Applicant must hold a valid equivalent state license.

Applications cannot be processed until all documents and fees have been submitted. Application processing can take approximately two weeks. Apprentice and Journeyman applicants are able to work in the city of Sioux Falls once applications and fees are submitted, assuming state approval.

It is your responsibility to ensure all renewal certificates are provided to this office in a timely manner.

License Application:

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

The license fees are prorated if you are applying in the second year of the license.

Make checks payable to the City of Sioux Falls.

Fee:	License Type:	Date You Are Applying:	License Expiration:
\$40	Journeyman	(Aug. 1, 2022–Aug. 31, 2023)	<i>(expires Aug. 31, 2024)</i>
\$20	Journeyman, prorated	(Sept. 1, 2023–July 31, 2024)	<i>(expires Aug. 31, 2024)</i>
\$40	Journeyman	(Aug. 1, 2024–Aug. 31, 2025)	<i>(expires Aug. 31, 2026)</i>
\$20	Journeyman, prorated	(Sept. 1, 2025–July 31, 2026)	<i>(expires Aug. 31, 2026)</i>
\$40	Journeyman	(Aug. 1, 2026–Aug. 31, 2027)	<i>(expires Aug. 31, 2028)</i>
\$20	Apprentice	(Aug. 1, 2022–Aug. 31, 2023)	<i>(expires Aug. 31, 2024)</i>
\$10	Apprentice, prorated	(Sept. 1, 2023–July 31, 2024)	<i>(expires Aug. 31, 2024)</i>
\$20	Apprentice	(Aug. 1, 2024–Aug. 31, 2025)	<i>(expires Aug. 31, 2026)</i>
\$10	Apprentice, prorated	(Sept. 1, 2025–July 31, 2026)	<i>(expires Aug. 31, 2026)</i>
\$20	Apprentice	(Aug. 1, 2026–Aug. 31, 2027)	<i>(expires Aug. 31, 2028)</i>
\$20	Inactive Electrical Contractor		

Contact Information:

Building Services, Attention: Licensing
231 North Dakota Avenue
P.O. Box 7402
Sioux Falls, SD 57117-7402

Phone: 605-367-8672
Fax: 605-367-8737
Email: licensing@siouxfalls.org
Website: www.siouxfalls.org/building

FAX/EMAIL APPLICATIONS

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

Charge to: MasterCard Visa Discover

Card Number: _____

Expiration Date: _____ / _____

Three- or four-digit security code that is printed on the back side of the credit card: _____

Charge amount: \$ _____

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

Authorized Signature

Date

This fee is being paid by: Applicant Employer

Building Services Licensing
Fax Number 605-367-8737
Email: licensing@siouxfalls.org