City of Sioux Falls Application for Master Mechanic's License

Pplication for Master Mechanic's License
Website: www.siouxfalls.gov/building

This application must be typewritten or printed in ink.

□ Inactive Master Mechanic □ Inactive Refrigeration
I would like my license to be sent by □ Mail or □ Email

Applicant Information									
Full Name				Date of Birth					
Full Name First	Middle		Last	-					
Home Mailing Address									
				Zip					
Home Phone No.			Cell Phone	No					
Email Address									
<i>—OR—</i> What date did you take the	exam?								
What date did you take the exam? Oath/Signature									
I hereby declare that any s under oath.	tatements herein ai	re true and	d complete, v	vith the same effect as though given					
Applicant's	s Signature		-	Date					
	Space belo	w reserve	d for office u	Ise					

Application Instructions for Inactive Master Mechanic's License

City of Sioux Falls

General:

Persons may apply and take the master mechanic examination, and upon passing examination and paying appropriate license fees may be issued an inactive master mechanic license.

An inactive master mechanic license does not allow such persons to do work as a mechanical contractor. It does, however, allow such persons to hold a current license with the Planning and Development Services department to avoid retesting upon reinstatement of the mechanical contractor's license.

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

Fee: License Type:

\$20 Inactive Master Mechanic or Refrigeration

Expiration:

License expires on December 31 every other year, currently expiring December 31, 2025, then again December 31, 2027.

Mail To:

Building Services
Attention: Licensing
231 North Dakota Avenue
P.O. Box 7402
Sioux Falls, SD 57117-7402
Licensing Phone: 605-367-8672
Main Office: 605-367-8670
licensing@siouxfalls.gov
www.siouxfalls.gov/building

EMAIL APPLICATIONS

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

Charge to:	☐ MasterCard	☐ Visa	☐ Discover				
Card Numbe	er:						
Expiration D)ate:						
Three- or fo	ur-digit security cod	le that is printe	ed on the back side	e of the credit card:			
Charge amo	ount: \$	_					
Cardholder's	s Name (print name	as it appears	on card)				
Authorized \$	Signature		_	Date	_		
This fee is b	being paid by: \Box	Applicant [☐ Employer				
Building Services Licensing							

Building Services Licensing Email: <u>licensing@siouxfalls.gov</u>