

TYPE or PRINT in INK

For assistance call (605) 773-3352

APPLICATION for

- **RENEWAL** of South Dakota Well Pump Installer License to repair wells or install well pumps.
- To designate new license representative(s).

Application must be postmarked before **February 1** of the license renewal year and submitted with a *fee to:
 Water Rights Program
 523 E Capitol
 Pierre, SD 57501-3181

*Fee -- \$200.00 SD resident, \$300.00 nonresident

License No. _____

1. Name of Applicant _____ Phone _____
 (Company)

Address _____
 (Street, RR, box) (City) (State) (Zip code)

Each company must designate at least one License Representative who is responsible for work authorized on behalf of the License.

2. License Representative(s) _____

SD residents?
 Yes No

3. Are you familiar with and agree to abide by the provisions of SDCL 46-6-9.1 to 46-6-9.5 inclusive, 46-6-14, 46-6-15, 46-6-18, 46-6-20, 46-6-21, and 46-6-27; and Water Management Board Rules Chapter 74:02:01 for Well Pump Installer licensing, Chapter 74:02:04 for well construction and Chapter 17 "Potable Water Supply System" of the 1996 National Standard Plumbing Code as adopted by the South Dakota State Plumbing Commission.

Yes No If answer is No, please request copies of laws and/or rules before submitting application.

4. Pursuant to ARSD 74:02:01:43.11 water well pump installer license representatives must successfully complete four hours of continuing education activities annually. In the space below, provide details of continuing education activities you participated in within the past year.

DATE	ACTIVITY/COURSE	SPONSOR	INSTRUCTOR	CONTACT HOURS

Complete Items 5 and 6 for NEW LICENSE REPRESENTATIVE(S)

5. Have you ever been licensed as a well pump installer in South Dakota?

Yes No If answer is Yes, list years when licensed _____

(continued)

6. Provide description of experience and qualifications License Representative has in well pump installation:

[Empty rectangular box for providing description of experience and qualifications]

(if more space is needed, use the next page)

STATE OF _____)
) SS
COUNTY OF _____)

I,

[Yellow rectangular box for name]

licensed representative(s) for _____
(Company)

certify that I have read the foregoing application and that the matter therein stated is true.

Signed _____
License Representative

License Representative

Signed _____
License Representative

License Representative

Please provide the following for each additional license representative:

1. Dates worked with each well repair or well pump service company,
2. Position, authority and responsibilities with a company,
3. Types of wells repaired,
4. Types of pumps installed,
5. The name of the supervisor or someone that can verify work experience,
6. Address of the well repair or well pump service companies,
7. The manager or owner of the company, and
8. Well repair and well servicing equipment you have for working on wells or pumps.

A large empty rectangular box intended for providing the requested information for each additional license representative.