

**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:

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

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

I,

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.