City of Sioux Falls Application for Master Mechanic's License Website: <u>www.siouxfalls.org/building</u>
This application must be typewritten or printed in ink.
Inactive Master Mechanic
Applicant Information

Full Name				Date of Birth	
	First	Middle	Last		
Home Mailing A	Address				
City			State	Zip	
Home Phone No.			Cell Phone	Cell Phone No.	
Email Address					

Previous or Current Employer Information

What was the business name you were licensed under as a Mechanical Contractor?

—OR—

What date did you take the exam?

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 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

Expiration:

License expires on December 31 every other year, currently expiring December 31, 2023, then again December 31, 2025.

Mail To:

Building Services Attention: Licensing 231 North Dakota Avenue P.O. Box 7402 Sioux Falls, SD 57117-7402 605-367-8672 <u>licensing@siouxfalls.org</u> 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 Numbe	er:						
Expiration D	ate:/						
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 S	Signature		-	Date			
This fee is be	eing paid by: \Box A	Applicant 🗌	Employer				
Building Services Licensing Fax Number 605-367-8737 Email: <u>licensing@siouxfalls.org</u>							