

**City of Sioux Falls**  
**Mechanical Board of Appeals and Examiners**  
**231 North Dakota Avenue, P.O. Box 7402**  
**Sioux Falls, SD 57117-7402**  
**605-367-8672**

Website: [www.siuoxfalls.org/building](http://www.siuoxfalls.org/building)

**Application for Examination**

*Please print or type the following information:*

Designate the appropriate examination for which you are applying:

Master Mechanic

Refrigeration Contractor

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*(First)* *(Middle)* *(Last)*

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Company as it will appear on license (individual name if no company name is used) **(Not required)**:  
\_\_\_\_\_

You are eligible to take the exam within the next three (3) available months.

Please list which month you would like to take the exam. \_\_\_\_\_

**Space below reserved for office use**

Receipt Number \_\_\_\_\_ Fee \$ \_\_\_\_\_

Examination Date \_\_\_\_\_ Score \_\_\_\_\_

Pass  Fail

# 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: \$ \_\_\_\_\_

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

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Authorized Signature

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Date

This fee is being paid by:  Applicant  Employer

**Building Services Licensing**  
**Fax Number 605-367-8737**  
**Email: [licensing@siouxfalls.org](mailto:licensing@siouxfalls.org)**

**Mechanical Board of Appeals and Examiners**  
**231 North Dakota Avenue, P.O. Box 7402**  
**Sioux Falls, SD 57117-7402**  
**(605) 367-8672**

**Website: [www.siuouxfalls.org/building](http://www.siuouxfalls.org/building)**

**Master Mechanic Experience**

*Please print or type the following information:*

**Full Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_  
**Email** \_\_\_\_\_

If you have taken the City examination within the last 12 months, you are not required to fill out this portion of the application.

**Experience Required for Testing**

An applicant for a Master Mechanic license shall show evidence of four years of experience as a sheet metal mechanic, refrigeration technician, general manager, project manager, or engineer in the employ of a licensed mechanical contractor. During this four-year period, the applicant must have spent at least 2,000 hours per year working as a sheet metal mechanic, refrigeration technician, general manager, or an engineer.

If the code official finds the applicant has the required experience, the individual may be tested. The code official may investigate the individual's experience and the applicant shall cooperate fully with the investigation. Failure to provide information or records related to applicant experience shall be grounds for denial of the application.

The code official will notify in writing any applicant whose application for testing has been refused. The notice will clearly state the reason for refusal and a statement of the applicant's right to appeal. An applicant whose application for testing is refused may appeal the decision to the Mechanical Board of Appeals.

**Credit**

Graduates of an accredited trade school having at least a one-year program in sheet metal or refrigeration will be given one-half year of experience credit for each year of relevant schooling up to a maximum of one year of experience credit.

Graduates of an accredited college or university having a four-year program in engineering or construction management will be given one-quarter for each year of relevant schooling up to a maximum of one year of experience credit.

Credit for military sheet metal, refrigeration, mechanical construction management, or engineering work will be given at the rate of one year credit for each two years in the military up to a maximum of two years credit.

**School and Military Record**

Name of Trade School, University, College, or Military	Years Completed	Graduated	Experience Credit

## Employment Experience

**Important**—Unless complete addresses of employers are given, it is impossible to properly process your application and will cause delay. Please give all previous and present employers.

Employer	Dates Employed	Type of Work
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	
Name _____ Address _____ City, State, and Zip _____ Phone No. _____	_____ to _____	

Do you object to us contacting your current employer or any previous employers?  Yes  No

I declare and affirm under the penalties of perjury that the information on this application has been completed by me, and to the best of my knowledge and belief is true and correct.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

- Approved for Testing
- Refused for Testing—Reason for Refusal Attached

\_\_\_\_\_  
Mechanical Inspector \_\_\_\_\_  
Date

Please send to: Building Services  
231 North Dakota Avenue  
P.O. Box 7402  
Sioux Falls, SD 57117-7402

Fax: 605-367-8737  
Email: [licensing@siouxfalls.org](mailto:licensing@siouxfalls.org)

# Mechanical Examinations

## Application and Testing Instructions

### City of Sioux Falls

#### General

Applications that are incomplete or not accompanied with the fee will not be processed. Applications must be received one week prior to the next scheduled testing date to qualify for testing on that date. Applicants must complete the examination within the next available three (3) test dates or reapplication would be required with additional examination fee.

#### Application

This form must be legible and fully completed, signed, and dated by the applicant.

#### Fee—\$75

The fee is nonrefundable. Make check or money order payable to the City of Sioux Falls.

#### Examination Schedule

Second Wednesday of each month at 8 a.m. The test will be picked up at 11:55 and corrected by the Mechanical Board of Appeals at 12 noon. Please notify our office if you are unavailable for the exam date.

#### Examination Location

231 North Dakota Avenue, City Center.

#### Examination

The examination for master mechanic contains open book multiple-choice questions and true/false questions. The permitted test time is 4 hours. It is advisable to bring a calculator, air-duct calculator, and code books. The examination for refrigeration contractor is open book and consists of multiple-choice questions. The permitted test time is 2 hours.

#### Not Allowed

Cell phones, PDAs, computers, highlighters, cameras, or any other electronic devices.

#### Study Suggestions

The Mechanical Board of Appeals and Examiners suggests that you study the *2021 International Mechanical Code* and *2021 International Fuel Gas Code* for the master mechanic examination. For the refrigeration contractor exam, it is recommended that you study the *2021 International Mechanical Code* only. To purchase these codes, you may contact [www.iccsafe.org](http://www.iccsafe.org).

#### License

You must apply for your license within 90 days after passing the examination, or you will be required to retest.

#### Mail To

Building Services, Attention: Licensing, 231 North Dakota Avenue, P.O. Box 7402, Sioux Falls, SD 57117-7402.  
Phone: 605-367-8672 • Email: [licensing@siouxfalls.org](mailto:licensing@siouxfalls.org)

#### Parking:

We recommend that you park at a meter that you can pay for up to four (4) or more hours. There are several of these meters near the City Center. A map can be sent upon emailed request. You can also use the PARK SMARTER™ app to help with parking.

Please be sure not to park in any parking ramps or assigned parking areas without previously receiving permission.

The Building Services department is not responsible for any parking issues that arise while you are testing due to unauthorized parking or failure to pay meter costs including, but not limited to, any parking tickets or towing.

## 2022–2024 Master Mechanic Examination Schedule

Master Mechanic Examinations are held at **8 a.m.** in the **City Center, 231 North Dakota Avenue**, Sioux Falls, SD. Please note the doors of the City Center open at 7:55 a.m. Examinations are scheduled the second Wednesday of every month. Filing deadline to apply for examination is the Wednesday prior.

<b>Exam Dates (8 a.m. to 12 noon)</b>	<b>Filing/Application Deadline</b>
January 11, 2023	January 4, 2023
February 8, 2023	February 1, 2023
March 8, 2023	March 1, 2023
April 12, 2023	April 5, 2023
May 10, 2023	May 3, 2023
June 14, 2023	June 7, 2023
July 12, 2023	July 5, 2023
August 9, 2023	August 2, 2023
September 13, 2023	September 6, 2023
October 11, 2023	October 4, 2023
November 8, 2023	November 1, 2023
December 13, 2023	December 6, 2023
January 10, 2024	January 3, 2024
February 14, 2024	February 7, 2024
March 13, 2024	March 6, 2024
April 10, 2024	April 3, 2024
May 8, 2024	May 1, 2024
June 12, 2024	June 5, 2024
July 10, 2024	July 3, 2024
August 14, 2024	August 7, 2024
September 11, 2024	September 4, 2024
October 9, 2024	October 2, 2024
November 13, 2024	November 6, 2024
December 11, 2024	December 4, 2024
January 8, 2025	January 2, 2025*
February 12, 2025	February 5, 2025
March 12, 2025	March 5, 2025
April 9, 2025	April 2, 2025
May 14, 2025	May 7, 2025
June 11, 2025	June 4, 2025
July 9, 2025	July 2, 2025
August 13, 2025	August 6, 2025
September 10, 2025	September 3, 2025
October 8, 2025	October 1, 2025
November 12, 2025	November 5, 2025
December 10, 2025	December 3, 2025

\* Indicates date change due to schedule conflict.

*Schedule and location are subject to change; please contact Building Services to verify at 367-8670.*