

CONTINUING EDUCATION CERTIFICATE



PLANNING AND DEVELOPMENT SERVICES

LICENSING DIVISION

231 North Dakota Avenue
P.O. Box 7402
Sioux Falls, SD 57117-7402
www.siouxfalls.org/building

Residential Building Contractor Company Name: _____

Construction Supervisor/License Holder's Name: _____

Phone Number During the Day: _____

Course Title: _____

Course Sponsor or School: _____

Course Location: _____ Course Hours: _____

Instructor's Name: _____

ATTEST: _____ Date: _____

Signature of Instructor or Course Sponsor

If this course was not sponsored by the City of Sioux Falls, you must also submit course information with this certificate.

**This Certificate must be submitted to
Planning and Development Services
by March 1, 2025.**

Space below for office use only

Accepted Denied

Building Official: _____ Date: _____