



SOUTH DAKOTA LIBRARY STANDARDS: PUBLIC LIBRARY CERTIFICATION

Name: _____

Library Name : _____

- Director**
- Support Staff**

Applying For

- New Certification**
- Re-Certification**

- Grade Level I**
- Grade Level II**
- Grade Level III**

Address: _____

Phone: _____

Email: _____

I hereby certify that the above information is true to the best of my knowledge.
I understand that any false statement may result in denial or revocation of the certificate.

Signature: _____

Date: _____