

# Wisconsin Department of Safety and Professional Services

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## OFFICE OF EDUCATION AND EXAMINATIONS

### REQUEST FOR APPROVAL OF JOURNEYMAN PLUMBER RESTRICTED APPLIANCE EXAM EQUIVALENCY

PLEASE TYPE OR PRINT IN INK

1. NAME OF EXAM PROVIDER	2. NAME OF EXAMINATION ADMINISTRATOR
3. ADDRESS (number, street, city, state, zip code)	
4. ADMINISTRATOR'S EMAIL ADDRESS	5. DAYTIME TELEPHONE NUMBER (        )
6. PROVIDER LOCATION (City, State)	7. WEB ADDRESS

8. This application and supporting documentation must be completed and submitted by an exam provider seeking to have their Journeyman Plumber Restricted Appliance (JPRA) examination deemed equivalent to the Department's licensure. To process your request for approval, submit the following along with this completed application form:

- a. A letter requesting review and approval of the examination as equivalent to the department's exam. Letter shall indicate the request and provide information about the examination provider submitting the request including interest and background relating to the JPRA exam.
- b. All exam items in the exam item bank.
- c. An example of a test form or test forms if more than one test form will be used.
- d. An examination content outline clearly indicating exam topic areas and weighting of each topic area; the Department's JPRA exam content specifications is available on page two of form #3065OEE.
- e. Indication that a 70% score is required to pass the equivalent exam, as required in SPS 305.09.
- f. Information regarding the examination provider's examination security protocols and compliance with testing industry standards; i.e., examination storage, transportation of exam materials, test delivery methods and formats, exam administration locations, exam proctoring protocols, etc.
- g. An example of a candidate's examination score report; refer to form #3065OEE for additional information.
- h. **PLEASE NOTE:** If your exam is approved as an equivalent exam, in addition to the requirements listed above, you must adhere to all requirements listed on page three of form #3065OEE, as required in SPS 305.09.

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**I hereby certify that all statements made in this application and on attached/related documentation are true to the best of my knowledge and belief.**

\_\_\_\_\_  
Printed Name and Title of Examination Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Examination Administrator

#3064OEE (9/14)

Ch. 305, Wis. Admin Code