

UDC Inspection Agency Registration



Your application will not be processed or will be delayed unless you:

- [] 1. Complete the application including signing and dating the first page.
- [] 2. Write in your social security number.
- [] 3. Attach the specified documents listed on this application.
- [] 4. Attach the specified fee listed on this application.
- [] 5. Make a photocopy of the completed application for your records.

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license per Wisconsin Stats, but they may not be disclosed to anyone except other State of Wisconsin governmental agencies.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e0e0e0;">Business Information</td> <td></td> </tr> <tr> <td colspan="2">Federal Employer Identification Number (FEIN):</td> </tr> <tr> <td colspan="2">Business Name:</td> </tr> <tr> <td colspan="2">No. & Street, or P.O. Box:</td> </tr> <tr> <td colspan="2">City, Town or Village, State, Zip + 4 Code:</td> </tr> <tr> <td colspan="2">Country, If Other Than United States:</td> </tr> <tr> <td colspan="2">Business Telephone No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Business Fax No. (include area code):</td> </tr> </table>	Business Information		Federal Employer Identification Number (FEIN):		Business Name:		No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Business Telephone No. (include area code):		If Available, Business Fax No. (include area code):		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e0e0e0;">Contact Person Information</td> <td></td> </tr> <tr> <td colspan="2">Social Security Number:</td> </tr> <tr> <td colspan="2">Individual's Name :</td> </tr> <tr> <td colspan="2">Address No. & Street, or P.O. Box:</td> </tr> <tr> <td colspan="2">City, Town or Village, State, Zip + 4 Code:</td> </tr> <tr> <td colspan="2">Country, If Other Than United States:</td> </tr> <tr> <td colspan="2">Telephone No. (include area code):</td> </tr> </table>	Contact Person Information		Social Security Number:		Individual's Name :		Address No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Telephone No. (include area code):	
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By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met.

*The individual applying for a business credential shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

Applicant's Signature

Date (mo/day/yr)

Send application and payment to: DSPTS Trades Credentialing, PO Box 78780, Milwaukee, WI 53293-0780.

Overnight mail delivery and office location: DSPTS Trades Credentialing, 1400 East Washington Ave., Madison, WI 53703

All other correspondence: DSPTS Trades Credentialing, , PO Box 7082, Madison, WI 53707 Phone: 608-261-8467. TTY: Contact through Relay or DspsSbCredentialing@wi.gov.

Application and Credential Fee (nonrefundable): \$55.00 class code 7655

Make checks payable to: State of WI – DSPTS. The fee consists of a \$15 application fee and a credential fee of \$40. The credential will be effective for 4 years from date of issuance.

Reason for Credential: No person, business or entity may engage in or offer to engage in the activities of facilitating plan review, issuance of Wisconsin uniform building permits, or inspection of one- and two-family dwellings in a municipality where the department has jurisdiction pursuant to s. 101.651 (3)(b), Stats., unless the person, business or entity holds a registration issued by the department as a registered UDC inspection agency.

Requirements of Credential: Responsibilities: A person who is responsible for facilitating plan review, issuance of Wisconsin uniform building permits and the inspections for one- and two-family dwellings as a registered UDC inspection agency shall be responsible for all of the following:

- (a) Utilizing persons appropriately certified under SPS 305.63 to review the plans, issue the permits and conduct the inspections.
- (b) Making the records relative to the plan review, issuance of permits and inspections available to the department, upon request.
- (c) Providing inspection services for all inspections required under SPS 320.10.
- (d) Cooperating with the department in any program monitoring, enforcement activities, and investigations.
- (e) Following all procedures established by the department for UDC enforcement by inspection agencies.
- (f) Reporting to the department in writing when the agency has been dismissed by the owner or builder.
- (g) Making any records associated with their permit, plan review and inspection activities available to the permit holder upon request.
- (h) Shall not have a conflict of interest in fulfilling the responsibilities or obligations of the credential.

Qualifications for Credential: The person applying for a UDC inspection agency registration shall be the owner of the business, a partner in the business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the corporation.