

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

Madison, WI 53705

Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](https://license.wi.gov)

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)

Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### BOILER-PRESSURE VESSEL INSPECTOR CERTIFICATION APPLICATION INFORMATION

#### **Requirements for Credential**

Per [Wis. Admin. Code § SPS 305.60](#), no person may inspect a boiler or pressure vessel for the purpose of determining compliance with [Wis. Admin. Code ch. SPS 341](#) or submit an inspection report to the Department documenting compliance or noncompliance with [Wis. Admin. Code ch. SPS 341](#) unless the person holds a certification issued by the Department as a certified Boiler-Pressure Vessel Inspector or a certified in-service field inspector working under the general supervision of a certified Boiler-Pressure Vessel Inspector who has assumed responsibility for the inspection or the report.

A person who inspects boilers and pressure vessels as a certified Boiler-Pressure Vessel Inspector shall:

- Maintain a record of the inspections made including the dates and the findings of the inspections;
- Provide a copy of the inspection report to the property owner or his or her agent;
- Make available to the Department upon request or as required under [Wis. Admin. Code ch. SPS 341](#), his or her inspection records.

#### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

1. **Application and Fees:** Apply and pay fees online in LicensE, <https://license.wi.gov>. Fees will be calculated in LicensE. If needed, you can save your application and complete and submit it later. **NOTE:** If DSPS requests additional documents they must be uploaded within three (3) months from the date they were requested. Failure to do so may result in having to submit a new application and pay fees.
2. **Competency Examination:** A person applying for a Boiler-Pressure Vessel Inspector certification shall have passed the competency examination by the National Board of Boiler and Pressure Vessel Inspectors. **Upload** a copy of one of the following documents from the National Board of Boiler and Pressure Vessel Inspectors:
  - a. A letter stating that you have passed the competency examination
  - b. A copy of the certificate of competency
  - c. A copy of a National Board commission

If the competency examination was performed in a state other than Wisconsin, or the certificate of competency was issued by a state other than Wisconsin, **complete** Form 3120T on the next page. **Upload** a copy of transcripts, if applicable.

If you need to take the competency examination, you must apply to the National Board of Boiler and Pressure Vessel Inspectors <http://www.nationalboard.org/>. Wisconsin's representative of the National Board of Boiler and Pressure Vessel Inspectors will require you to submit proof of a degree and/or experience prior to taking the exam.

3. **Degree/Experience:** A person applying for a Boiler-Pressure Vessel Inspector certification shall have completed **one** of the following:
  - a. A degree in engineering from an accredited college or university and at least 1,000 hours for one year of experience in the design, construction, operation or inspection of boilers or pressure vessels.
  - b. An associate degree in mechanical technology from an accredited college or school and at least 1,000 hours per year for at least two years of experience in the design, construction, operation or inspection of boilers or pressure vessels.
  - c. At least 1,000 hours per year for at least three years of experience in the design, construction, operation, or the inspection of boilers or pressure vessels.

**Complete** the Table 3120T on the next page. Upload a copy of transcripts, if applicable.

# Wisconsin Department of Safety and Professional Services

Office Location: 4288 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

License Portal: <https://license.wi.gov/>  
Email: [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
Website: <http://dsp.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING BOIL-PRESSURE VESSEL INSPECTOR EXPERIENCE FORM (3120T)

<b>APPLICANT</b> Complete the applicant section of the form. Obtain the required signatures in the Experience Table then upload the completed form into your License account, <a href="https://license.wi.gov">https://license.wi.gov</a> .			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former/Maiden Name(s)</b>
<b>See information on Form 3120 page i to see if you are required to complete and upload this form.</b>			<b>Application Number</b>
			<b>PAR-</b>

Document at least 1,000 hours per year of experience in the design, construction, operation, or the inspection of boilers or pressure vessels. Use a separate row for each 12 month period. The witness must have observed or had knowledge of the number for work hours performed in the design, construction, operation, or the inspection of boilers or pressure vessels. Copies of this page may be made to mail to witnesses to sign. Attach additional sheets if needed.

<b>EXPERIENCE TABLE</b> (Upload additional sheets if needed.)			
1.	Name of Witness		
	Start (Month/Year) : ____ / ____ / ____	End (Month/Year) : ____ / ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		____ / ____ / ____	____ - ____ - ____
2.	Name of Witness		
	Start (Month/Year) : ____ / ____ / ____	End (Month/Year) : ____ / ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		____ / ____ / ____	____ - ____ - ____
3.	Name of Witness		
	Start (Month/Year) : ____ / ____ / ____	End (Month/Year) : ____ / ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		____ / ____ / ____	____ - ____ - ____
4.	Name of Witness		
	Start (Month/Year) : ____ / ____ / ____	End (Month/Year) : ____ / ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		____ / ____ / ____	____ - ____ - ____