

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

INFORMATION TO APPLY FOR THE DESIGNER EXAMINATION (ELECTRICAL, FIRE PROTECTION, HVAC, PLUMBING, AND PRIVATE SEWAGE SYSTEMS EXAMINATIONS)

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

1. **Application for Electrical, Fire Protection, HVAC, Plumbing, and Private Sewage Systems Examinations (Form #2100)**
2. **\$75.00 Exam Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Experience Record (Form #463)** - Evaluated by the Board to determine whether the experience you document meets the qualifying Designer of Engineering Systems experience as defined in Wis. Admin. Code § A-E 5. Provide a complete chronological listing of your experience. The beginning and ending month and year of employment must be shown for each engagement.
4. **Official Transcripts (if applicable)** - If you are using education as part of the experience requirement to take the examinations, transcripts must be forwarded directly by the college to you. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable.**
5. **Designer of Engineering Systems Applicant Appraisal Form (Form #989)** - Provide replies from three (3) references having personal knowledge of your experience, one of whom is a registered Architect, Professional Engineer, or holds a permit as a Designer of Engineering Systems.

Retake Candidate

Applicants applying to retake the exam must submit the Application for Electrical, Fire Protection, HVAC, Plumbing, and Private Sewage Systems Examinations (**Form #2100**) and \$75.00 Exam Fee.

Exam Information

Applications must be reviewed and approved at least 90 days prior to the date of the exams.

For information on exam dates, visit the DSPS website: <https://dsps.wi.gov/Pages/Professions/DOESystems/Exams.aspx>

For information on exam content, visit Chapter A-E 5 of the Wisconsin Administrative Code:
https://docs.legis.wisconsin.gov/code/admin_code/a_e/5.pdf

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APPLICATION FOR ELECTRICAL, FIRE PROTECTION, HVAC, PLUMBING, AND PRIVATE SEWAGE SYSTEMS EXAMINATIONS

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Have you ever been licensed in Wisconsin as a Designer of Engineering Systems? Yes No If yes, list your credential number:

Email Address

Examinations: If you have taken any part(s) of the Designer of Engineering Systems examinations in Wisconsin, please provide the name and date of exam(s).

Name of Exam: Date of Exam: / /

Name of Exam: Date of Exam: / /

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

\$75.00 Exam Fee (for each exam)

Electrical Systems
 Fire Protection Systems
 Heating, Ventilation, and Air Conditioning Systems
 Plumbing Systems
 Private Sewage Systems

For Receiving Use Only (7)

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /