

# 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

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov)  
**Website:** <http://dspd.wi.gov>

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

### INFORMATION FOR APPLICATION FOR CERTIFICATE OF AUTHORIZATION

Wis. Stat. § 443.08 requires that firms, partnerships, or corporations practicing architecture, professional engineering, or design of engineering systems obtain a Certificate of Authorization (COA) issued by the appropriate section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Professional Land Surveyors.

Complete and return the Application for Certificate of Authorization (**Form #476**) with the application fee made payable to the Department of Safety and Professional Services to the address shown above.

Any changes in the information provided on this application during the registration period must be reported in writing within 30 days of the effective date. Please include the credential number in all correspondence. Correspondence should be addressed to the Examining Board at the address shown above. Any change in ownership requires a new application to be completed.

In addition to the credential issued by the appropriate section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers, and Professional Land Surveyors, a corporation and certain other types of business entities must register with the Department of Financial Institutions. You must contact that agency directly to obtain the registration material. The mailing address and telephone number is Department of Financial Institutions, Division of Corporations and Consumer Services, P.O. Box 7846, Madison, Wisconsin 53707, (608) 261-7577. **You may file with the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers, and Professional Land Surveyors and the Department of Financial Institutions concurrently.**

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

### APPLICATION FOR CERTIFICATE OF AUTHORIZATION

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

PLEASE TYPE OR PRINT IN INK

Your name, street address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Name of Firm, Partnership, or Corporation

Mailing Address (street, city, state, zip code)

Daytime Telephone Number

 -  - 

FEIN Number

 - 

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.

Please check applicable box(s) to indicate the professional services that apply to the firm that is seeking authorization. **Note: There must be a Wisconsin credential holder employed by the firm for each profession checked.**

- Architecture       Design of Engineering Systems (must have a WI licensed Designer of Engineering Systems) **Indicate Subfield:**  
 Professional Engineering       Electrical       Fire Protection       HVAC       Plumbing       Private Sewage Systems

E-mail Address

Most types of business entities (including those formed under the laws of another state or country) must file documents with the Wisconsin Department of Financial Institutions (DFI). To confirm your status, you must first contact DFI at (608) 261-7577 or at [www.wdfi.org/corporations](http://www.wdfi.org/corporations), then **check one** of the statements below:

- The Business Entity identified above is required by law to file documents with the Department of Financial Institutions in order to engage in business in Wisconsin and I certify that the documents have been filed, as required, and that the Business Entity has met current legal requirements to engage in business in Wisconsin, and has completed the Convictions and Pending Charges (**Form #2252**), if applicable.
- The Business Entity identified above **has not filed documents**, as described above, with another Wisconsin agency, because the Business Entity is not required to do so.

Address of Branch Office A (street, city, state, zip code)

Daytime Telephone Number

 -  - 

Address of Branch Office B (street, city, state, zip code)

Daytime Telephone Number

 -  - 

**APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form 3071](#).**

- Initial Certificate of Authorization**  
 \$55.00 Credential Fee Attached
- Late Renewal** (credential expired more than 5 years)  
 \$ 55.00 Renewal Fee  
 \$ 25.00 Late Renewal Fee  
 \$ 80.00 Total Fee Attached

**For Receiving Use Only (11)**

# Wisconsin Department of Safety and Professional Services

**RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select "Professions," then the hyperlink for this profession.

**ANSWER THE FOLLOWING QUESTIONS** (Attach additional sheets if necessary.)

1.	Has the firm, partnership, or corporation or any of its officers ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against the firm, partnership, or corporation or any of its officers, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against the firm, partnership, or corporation or any of its officers in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the firm, partnership, or corporation or any of its officers ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or does the firm, partnership, or corporation or any of its officers have any felony, misdemeanor, or other violation of federal, state, or local law charges pending against them in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the firm, partnership, or corporation or any of its officers registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b>  <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has the firm, partnership, or corporation or any of its officers ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b>  <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Provide the name and addresses of all officers, directors, members, or partners of the firm, partnership, or corporation. (Attach additional sheets, if necessary)**

**Title/Position**

**Name**

**Home Address** (street, city, state, zip code)

**Provide the names, credential type (Architect, Professional Engineer, or Designer of Engineering Systems), credential numbers, and branch office locations of the Wisconsin credential holders employed by the firm, partnership, or corporation who will be in responsible charge of the work performed in Wisconsin. (Attach additional sheets, if necessary.)**

**Name**

**Credential Type**

**Credential Number**

**Address** (street, city, state, zip code)

**Each Wisconsin credential holder employed by the firm, partnership, or corporation listed above must sign the application and emboss their personal registration seal attesting to their employment by the firm, partnership, or corporation and that they will be in responsible charge of the services provided in Wisconsin.**

# Wisconsin Department of Safety and Professional Services

I certify that I am employed by the firm, partnership, or corporation named on this application (**Form #476**) and that I will be in responsible charge of architecture, professional engineering, or design of engineering systems practice in Wisconsin through said firm, partnership, or corporation, as authorized by my credential issued by the Wisconsin Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Professional Land Surveyors. (Attach additional sheets if necessary.)

**Signature:**   
(Print and Sign Form)

**Date:**   /   /     WI SEAL

**Signature:**   
(Print and Sign Form)

**Date:**   /   /     WI SEAL

**Signature:**   
(Print and Sign Form)

**Date:**   /   /     WI SEAL

**Signature:**   
(Print and Sign Form)

**Date:**   /   /     WI SEAL

## **SIGNATURE OF FIRM REPRESENTATIVE:**

I further certify that I have the authority to complete this form on behalf of the firm, partnership, or corporation and that the information on this application for a certificate of authorization is true and complete.

## **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.

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

I understand if I provide false information on this form, that the certificate of authorization may be revoked or suspended.

**Signature of Firm Representative:** (Print and Sign Form)

**Date:**

/   /

**Title of Firm Representative**

**Printed Name**

**Home Address** (street, city, state, zip code)

**Contact Person** (if different from person signing **Form #476**)

**E-mail Address**

**Daytime Phone Number**

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