

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
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LicensE Portal: <https://license.wi.gov/>  
 Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
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## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, PROFESSIONAL LAND SURVEYORS, AND REGISTERED INTERIOR DESIGNERS DESIGNER OF ENGINEERING SYSTEMS APPLICANT APPRAISAL FORM

<b>Applicant's Name:</b>			
<b>Field or Subfield:</b>	<input type="checkbox"/> Electrical <input type="checkbox"/> Fire Protection <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Private Sewage Systems		
<b>Date of Birth:</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Application ID Number:</b>	PAR- <input type="text"/>
<p><b>Note to Applicant:</b> 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. Family members can act as supplemental references in support of an application, but not as one of the three (3) required responses. The individual serving as a reference must upload completed form into LicensE.</p> <p><b>ATTESTATION OF APPLICANT:</b> I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for 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. By signing below, I am signifying that I have read and understand the above declarations.</p>			
<b>Applicant Signature</b> (If unable to provide a digital signature, please print and sign form.)			<b>Date</b>
			<input type="text"/> / <input type="text"/> / <input type="text"/>

**Instructions for Individual Providing Appraisal:** The applicant named above has applied for a permit as a Designer of Engineering Systems to practice in the State of Wisconsin. To assist the Board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below. Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party\* Upload Portal at [license.wi.gov](https://license.wi.gov). You will need the application number shown above. (\*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

1. **I know this applicant:**  
 Very Well  
 Well  
 Slightly  
 Not at all

2. **My contacts with the applicant extend:**  
 From: /
 /
   
 To: /
 /

3. **These contacts were:** (check all that apply)

<input type="checkbox"/> As an associate	<input type="checkbox"/> As a student in my classes	<input type="checkbox"/> Other (specify in box below):
<input type="checkbox"/> In social or community affairs	<input type="checkbox"/> In professional societal activities	

4. **I am familiar with the applicant's work at:** (name of company)

5. **Describe the principal duties performed by the applicant:**

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To qualify for registration, an applicant must have sufficient knowledge and experience. To assist the Board in evaluating this applicant, please indicate whether the applicant has entry level competence in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

	Yes	No	UK	<b>Required Areas of Experience (Research and Development /Design)</b>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Problem identification, including consideration of alternative approaches to problems solving</b>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Planning, including selecting a practical or reasonable approach</b>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Execution of plan, including completing design calculations</b>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interpreting and reporting results</b>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Definition of safety, health, and environmental constraints</b>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Selection of materials and components</b>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Production of final designs</b>

