

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 267-0592
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: DSPSCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR INSPECTION AGENCY APPLICATION

Requirements for Credential

Per Wis. Admin. Code § SPS 305.629, no person or municipality may engage in or offer to engage in providing plan review, permit issuance, or inspections regarding electrical wiring under the scope of ch. SPS 316 unless the person or municipality holds a registration from the department as a registered inspection agency.

A person or municipality who is responsible for facilitating plan review, permit issuance, or inspection regarding electrical wiring under ch. SPS 316 as a registered inspection agency shall be responsible for all of the following:

- Utilizing persons appropriately certified under SPS 305.62 to conduct inspections.
- Maintaining a record of the electrical permits issued under ch. SPS 316.012.
- Making the records relative to permit issuance and inspections available to the department upon request.
- Providing inspection services for all inspections required under ch. SPS 316.013.
- Cooperating with the department in any program monitoring, enforcement, activities, and investigations related to electrical wiring under the scope of ch. SPS 316.
- Following all procedures established by the department for enforcement.

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

1. **Application and Fee:** The fee consists of a \$15.00 application fee and a \$40.00 credential fee, based on a 4-year term from the date of issuance.
2. **Business Representative:** The person applying for an Inspection Agency registration shall be one of the following:
 - (a) If a municipality, the department head of the agency administering the electrical program.
 - (b) If not a municipality, 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 a corporation.

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING APPLICATION FOR INSPECTION AGENCY REGISTRATION

Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, telephone number, and email 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).

Business Name <input style="width:95%;" type="text"/>	Business FEIN <input style="width:95%;" type="text"/>
Business Address (street, city, state, zip) <input style="width:95%;" type="text"/>	Business Telephone Number <input style="width:95%;" type="text"/>
Business Email Address <input style="width:95%;" type="text"/>	
Has this business ever held a Trades credential in WI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list credential number: <input style="width:200px;" type="text"/>	

Business Representative's Title (owner, partner, chairman of the board or chief executive officer) <input style="width:95%;" type="text"/>			
Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:20px;" type="text"/>	Date of Birth <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
Address (street, city, state, zip) <input style="width:95%;" type="text"/>		Daytime Telephone Number <input style="width:95%;" type="text"/>	
Social Security # <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		Your Social Security 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.	
Email Address <input style="width:95%;" type="text"/>			

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

Initial Credential Fee
\$15.00 Application Fee
~~\$40.00~~ Credential Fee
\$55.00 Total Fee Attached

Reinstatement Fee (credential expired more than 4 years)
\$15.00 Application Fee
\$40.00 Credential Fee
~~\$25.00~~ Late Renewal Fee
\$80.00 Total Fee Attached

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

Fee and Application (including signature on Page 2)

Is name on all credentials the same? If not, list former/maiden name(s):

Wisconsin Department of Safety and Professional Services

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under “Professions” and select this credential type.

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: / /