

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 78780
Milwaukee, WI 53293-0780
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 CREDENTIAL PROCESSING

INSTRUCTIONS FOR FIREWORKS MANUFACTURER APPLICATION

Requirements for Credential

Per [Wis. Admin. Code § 305.21](#), no person may manufacture fireworks or a listed device in Wisconsin unless the person holds a license issued by the Department as a licensed Fireworks Manufacturer. A Fireworks Manufacturer license shall be obtained and held for each plant where fireworks or listed devices are to be manufactured. A Fireworks Manufacturer license shall be posted at each plant where fireworks are to be manufactured.

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 \$100.00 credential fee, based on a 4-year term from the date of issuance.
2. **Inspection Report:** An inspection report from the Division of Industry Services that says the fireworks manufacturer plant had an acceptable inspection completed within sixty days of the date the Department receives the application. In order for the inspection report to be acceptable, the inspection report shall contain all of the following information:
 - Name and address of the plant
 - Name of the Division of Industry Services staff member who completed the inspection
 - Date of the inspection
 - Statement explaining that the plant met all requirements of [Wis. Admin. Code § SPS 307](#) and [Wis. Stats. § 167.10](#)

The inspection is considered to be the first step in the application process. To schedule an inspection, contact the following Division of Industry Services Staff: Dave Vriezen: (414) 416-3196.

3. **Federal License:** **Attach** a federal license issued under [18 USC Section 843](#). The Federal Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms (ATF) issues the federal license. Please contact the ATF to obtain the federal license at <https://www.atf.gov/>. The federal license must contain the name of the person who is applying on behalf of the business and the expiration date of the federal license shall be sometime in the future.

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APPLICATION FOR FIREWORKS MANUFACTURER LICENSE

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).

Business Name <input style="width:95%" type="text"/>	Business FEIN <input style="width:95%" type="text"/>
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Business Address (street, city, state, zip) <input style="width:95%" type="text"/>	Business Telephone Number <input style="width:95%" type="text"/>
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Business Email Address

Has this business ever held a Trades credential in WI? Yes No If yes, list credential number:

Business Representative/Contact Person's Information:

Last Name <input style="width:95%" type="text"/>	First Name <input style="width:95%" type="text"/>	MI <input style="width:95%" type="text"/>	Date of Birth <input style="width:95%" type="text"/>
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Address (street, city, state, zip) <input style="width:95%" type="text"/>	Daytime Telephone Number <input style="width:95%" type="text"/>
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Social Security # <input style="width:95%" 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.
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Email Address

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

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see Page 2 for further information)
- Initial Credential Fee**
 \$ 15.00 Application Fee
\$100.00 Credential Fee
\$115.00 Total Fee Attached
- Reinstatement Fee (credential expired more than 4 years)**
 \$ 15.00 Application Fee
 \$100.00 Credential Fee
\$ 25.00 Late Renewal Fee
\$140.00 Total Fee Attached

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

- Fee and Application** (including signature on Page 2)
- Supporting Documentation** (see Page i for instruction, i.e. federal license)
- Is name on all credentials the same? If not, list former/maiden name(s):

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under "Licenses, Permits, and Registrations" and select "Trades Professions."

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: / /

(Print and Sign Form)