DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING
INSTRUCTIONS FOR SOIL TESTER APPLICATION

Requirements for Credential
Per Wis. Admin. Code § SPS 305.33, no person may conduct soil evaluations relative to the discharge or disposal of liquid domestic wastes into the soil unless the person holds a certification issued by the Department as a certified Soil Tester.

A certified Soil Tester who, as an employee of a local governmental unit, is responsible for administering regulations governing private onsite wastewater treatment systems may not provide soil evaluations relative to the design, installation or maintenance of private onsite wastewater treatment systems within the boundaries of the local governmental unit and adjacent local governmental units

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

1. **Application and Fee**: The fee consists of a $35.00 application fee and a $75.00 exam fee. When the exam is passed the applicant will pay a $300.00 prorated credential fee, based on a 4-year term from June 30th.

2. **Qualification for Registration**: A person applying for a Soil Tester certification examination shall be at least 18 years old.

3. **Examination**: Select an exam date on Page 2. For additional information on exam content, please view the Department website at [http://dsps.wi.gov](http://dsps.wi.gov) under “Professions” and “Soil Tester”.

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING
APPLICATION FOR SOIL TESTER CERTIFICATION

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

First Name

MI

Date of Birth

Address (street, city, state, zip)

Daytime Telephone Number

Social Security #

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.

Have you ever held a Trades credential in WI? ☐ Yes ☐ No If yes, list your credential number:

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 below for further information)

☐ Initial Credential Fee

$35.00 Application Fee

$75.00 Exam Fee

$110.00 Total Fee Attached

☐ Reinstatement Fee (credential expired more than 4 years)

$35.00 Application Fee

$75.00 Exam Fee

$25.00 Late Renewal Fee

$135.00 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):

ARE YOU A VETERAN? If yes, please view the Department website at https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx for eligibility.

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.

#3099 (Rev. 11/19)
Class Code 7633

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Wisconsin Department of Safety and Professional Services

TO SCHEDULE AN UPCOMING EXAM:

- Indicate a **first date choice** (1) and a **second date choice** (2) in the event one exam site is full.
- Submit the fee and this application to the Department at least **30 days in advance of the exam date chosen**.
- Keep a copy of this application for your records. You may only schedule **one future exam session** at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at DSPSCredTrades@wi.gov.

**Select One:** A.M. (starts at 8:00 a.m.) ☐ or P.M. (starts at 1:00 p.m.) ☐

(If taking a 2-part plumbing exam or 5-hour exam, you will be scheduled for both the A.M. and the P.M. session.)

<table>
<thead>
<tr>
<th>Location</th>
<th>Exam Date</th>
<th>Exam Date</th>
<th>Exam Date</th>
<th>Exam Date</th>
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<tbody>
<tr>
<td>Madison – East Side Club (new location) 3735 Monona Drive, Madison, WI 53714</td>
<td>February 4, 2020</td>
<td>April 1, 2020</td>
<td>June 2, 2020</td>
<td>August 11, 2020</td>
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<td>October 6, 2020</td>
<td>December 8, 2020</td>
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<td></td>
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<tr>
<td>Pewaukee – Holiday Inn (new location) Pewaukee Milwaukee West N14 W24140 Tower Place Pewaukee, WI 53072</td>
<td>January 8, 2020</td>
<td>March 12, 2020</td>
<td>May 14, 2020</td>
<td>July 1, 2020</td>
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<td>September 23, 2020</td>
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<td>October 20, 2020</td>
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<td>September 9, 2020</td>
<td>November 10, 2020</td>
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**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS** Please view the Department website at http://dps.wi.gov under “Professions” and select “Soil Tester.”

**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 other such 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: _______ / _______ / _______

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