

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 78780  
Milwaukee, WI 53293-0780  
**Phone #:** (608) 266-2112

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

## **DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING**

### **INSTRUCTIONS FOR WELD TEST CONDUCTOR APPLICATION**

#### **Requirements for Credential**

Per [Wis. Admin. Code § SPS 305.35](#), no person may conduct welding tests for the purpose of qualifying structural welders unless the person holds a certification issued by the Department as a certified Weld Test Conductor.

A person who conducts welding tests for qualifying structural steel welders as a certified Weld Test Conductor shall do all the following:

- Ensure that the welding tests, the test facility, and testing equipment conform with the appropriate standard or standards as follows:
  - American Welding Society D 1.1, section 4, part C
  - American Welding Society D 1.2, section 3, part D
  - American Welding Society D 1.3, section 4, part C
  - American Welding Society D 1.6, section 4, part C
- Provide to each structural welder who passes a qualifying welding test, documentation in a format specified by the Department, indicating the welding procedures for which qualified;
- Maintain a record of those individuals who passed a structural welding qualifying test ([Form SBD-10900](#)), including the procedures for which the individuals qualified, for at least five (5) years after the date of the test and present upon request to the Department or its representative the records.

#### **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 \$20.00 exam fee. When the exam is passed the applicant will pay an \$80.00 credential fee, based on a 4-year term from the date of issuance.
2. **Examination:** Select an exam date on Page 2. For additional information on exam content, please view the Department website at <http://dsps.wi.gov> under “PROFESSIONS” and select “Weld Test Conductor.”

For information on Weld Test Conductor forms provided by the Department, see the Division of Industry Services website: <http://dsps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/> and select “Welding Program.”

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR WELD TEST CONDUCTOR CERTIFICATION

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).

<b>PLEASE TYPE OR PRINT IN INK</b>				<input type="checkbox"/> Your name, 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).			
Last Name		First Name		Your	Date of Birth		
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Address (street)		(city)	(state)	(zip code)	Daytime Telephone Number		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Social Security Number				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 <a href="#">Form #1051</a> . The Department may not disclose the Social Security Number collected except as authorized by law.			
<input type="text"/>				<input type="text"/>			
Have you ever held a Trades credential in WI? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, list your credential number: <input type="text"/>			
E-mail Address							
<input type="text"/>							

### APPLICATION FEES: Please check applicable box.

- I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see below for further information)
- Initial Credential Fee  
\$15.00 Application Fee  
\$20.00 Exam Fee  
**\$35.00 Total Fee Attached**
- Reinstatement Fee (credential expired more than 4 years)  
\$15.00 Application Fee  
\$20.00 Exam Fee  
\$25.00 Late Renewal Fee  
**\$60.00 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 DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee?  Yes  No  
If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: \_\_\_\_\_

(You may contact the WDVA at 1-800-947-8387 or [dva.wi.gov](http://dva.wi.gov) for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

# Wisconsin Department of Safety and Professional Services

**TO SCHEDULE AN UPCOMING EXAM:**

1. View exam dates and locations on the Department website, <https://dsps.wi.gov/Pages/Professions/TradesExaminationInformation.aspx>.
2. Below write in first date choice and a second date choice in the event one exam site is full. **To avoid processing delays please print legibly.**
3. Check box for MORNING (8:00 AM) **or** AFTERNOON (1:00 PM) session.
4. Keep a copy of this application for your records. You may only schedule ONE future exam session at a time for each credential type.
5. You will receive a letter from DSPTS confirming your upcoming exam, including the time, date, and location of the exam.
6. If you need special accommodations see information at the link in Item 1 above or email [DSPTSCredTrades@wisconsin.gov](mailto:DSPTSCredTrades@wisconsin.gov).

**FIRST CHOICE**

CITY (Please print or type.)	DATE (mm/dd/yyyy)	MORNING	AFTERNOON
	__ / __ / ____	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 1:00 PM

**SECOND CHOICE**

CITY (Please print or type.)	DATE (mm/dd/yyyy)	MORNING	AFTERNOON
	__ / __ / ____	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 1:00 PM

**ESPAÑOL: Si desea realizar su examen en español, marque esta casilla.** (If you would like to take your exam in Spanish, please check this box.)

**RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> under “PROFESSIONS” and select “Weld Test Conductor.”

**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 have provided to the Department of Safety and Professional Services change.

Signature: \_\_\_\_\_

Date:  /  /