DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR ELECTRICAL CONTRACTOR APPLICATION

Requirements for Credential

Per Wis. Admin. Code § SPS 305.41, pursuant to Wis. Stats. §101.862, no person or entity may engage in the business or offer to engage in the business of installing, repairing, or maintaining electrical wiring unless the person or entity holds a license or certification issued by the Department as a licensed Electrical Contractor, except as provided under Wis. Stats. § 101.862(4).

A person who is licensed as an Electrical Contractor shall be responsible for all of the following:

- A licensed Electrical Contractor shall utilize the appropriately licensed or registered individuals to construct, install, repair or maintain electrical wiring.
- For any electrical installation that requires a uniform building permit under SPS 320.08, a person who holds an electrical contractor license may not commence installation of electrical wiring until a permit is issued for the installation. Note: Wis. Admin. Code § SPS 320-325 applies to one- and 2-family dwellings and manufactured dwellings. The Department’s uniform building permit is issued either by the municipality in which the dwelling is located or by a UDC inspection agency where the municipality does not administer the Uniform Dwelling Code.
- A person or entity that holds an Electrical Contractor license shall include his or her license number on all construction bids and contracts.

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

1. **Application and Fee:** The fee consists of a $35 application fee and a $200 prorated credential fee, based on a 4 year term from June 30th. The fee table on Page 1 includes both the application fee and prorated credential fee.

2. **Business Representative:** The person applying for an Electrical Contractor license shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

3. **Worker’s Compensation Requirements:** By signing Page 2 of the application, the applicant is attesting that the business is in compliance with worker’s compensation requirements under Wis. Stats. § 102. If you are unsure whether worker’s compensation is required for the business, contact the Department of Workforce Development – Worker’s Compensation Division online at http://dwd.wisconsin.gov/wc/ or call 608-266-1340.

4. **Unemployment Compensation Requirements:** By signing Page 2 of the application, the applicant is attesting that the business is in compliance with unemployment compensation requirements under Wis. Stats. § 108. If you are unsure whether unemployment compensation is required for the business, contact the Department of Workforce Development - Unemployment Compensation Division online at https://dwd.wisconsin.gov/ui/ or call 608-261-6700.
#3103 (Rev. 8/18)
Class Code 7631

Committed to Equal Opportunity in Employment and Licensing

## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

**APPLICATION FOR ELECTRICAL CONTRACTOR 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

#### Business FEIN

#### Business Address (street, city, state, zip)

#### Business Telephone Number

#### Business Email Address

#### Business Representative's Title (owner, partner, chairman of the board or chief executive officer)

#### Last Name

#### First Name

#### MI

#### Date of Birth

#### Address (street, city, state, zip)

#### Daytime Telephone Number

#### Social Security #

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**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** (see Prorated Credential Fee Table below)

- **Reinstatement Fee** (credential expired more than 4 years) ($25.00 Late Renewal Fee + Prorated Credential Fee below)

**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): 

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### Prorated Credential Fee Table

Select the month the application is mailed. The fee below includes both the application and credential fee.

<table>
<thead>
<tr>
<th>Month</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>$209.98</td>
</tr>
<tr>
<td>February</td>
<td>$205.81</td>
</tr>
<tr>
<td>March</td>
<td>$201.64</td>
</tr>
<tr>
<td>April</td>
<td>$197.47</td>
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<td>May</td>
<td>$193.30</td>
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<td>June</td>
<td>$189.13</td>
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<tr>
<td>July</td>
<td>$235.00</td>
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<tr>
<td>August</td>
<td>$230.83</td>
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<tr>
<td>September</td>
<td>$226.66</td>
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<tr>
<td>October</td>
<td>$222.49</td>
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<tr>
<td>November</td>
<td>$218.32</td>
</tr>
<tr>
<td>December</td>
<td>$214.15</td>
</tr>
</tbody>
</table>
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.

ATTESTATION
I certify compliance with worker’s compensation requirements under Wis. Stats. § 102 and unemployment compensation requirements under Wis. Stats. § 108.

Signature: ___________________________ Date: ___________ / ___________ / ___________