

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: DSpscCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL 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.

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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

Has this business ever held a Trades credential in WI?

Yes No

If yes, list credential number:

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 #

 - -

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

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):

Prorated Credential Fee Table

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

<input type="checkbox"/> January - \$209.98	<input type="checkbox"/> February - \$205.81	<input type="checkbox"/> March - \$201.64	<input type="checkbox"/> April - \$197.47
<input type="checkbox"/> May - \$193.30	<input type="checkbox"/> June - \$189.13	<input type="checkbox"/> July - \$235.00	<input type="checkbox"/> August - \$230.83
<input type="checkbox"/> September - \$226.66	<input type="checkbox"/> October - \$222.49	<input type="checkbox"/> November - \$218.32	<input type="checkbox"/> December - \$214.15

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.

ATTESTATION

I certify compliance with worker's compensation requirements under [Wis. Stats. § 102](#) and unemployment compensation requirements under [Wis. Stats. § 108](#).

Signature: Date: / /
(Print and Sign Form)