Wisconsin Department of Safety and Professional Services

P.O. Box 78780 Office Location: 4822 Madison Yards Way Milwaukee, WI 53293-0780

Madison, WI 53705

FAX #: (608) 267-0592 E-Mail: DSPSCredTrades@wisconsin.gov

Website: Phone #: (608) 266-2112 http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTIONS FOR INDUSTRIAL JOURNEYMAN ELECTRICIAN APPLICATION

Requirements for Credential

Per Wis. Stats. § 101.862, no person may install, repair, or maintain electrical wiring unless the person is licensed as an electrician by the Department or unless the person is enrolled as a registered Electrician by the Department.

Per Wis, Admin. Code § SPS 305.40, the electrical wiring activities that may be undertaken by a person who holds a license or registration as a licensed Industrial Journeyman Electrician or a registered Industrial Electrical Apprentice shall be limited to wiring within the facilities or properties of the business establishment where the person is employed. A person who holds a license or registration as a licensed Industrial Journeyman Electrician or a registered Industrial Electrical Apprentice may perform electrical wiring not associated with the facilities or properties of the business establishment where the person is employed, provided the person is under the direct supervision of a licensed Master Electrician, or Registered Master Electrician, or a licensed Journeyman Electrician.

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

A person may obtain a credential as a licensed Industrial Journeyman Electrician by one of the following methods:

Method 1 - Experience and Examination

Completing the necessary hours of experience and passing the Industrial Journeyman Electrician license examination.

- Application and Fee: The fee consists of a \$35.00 application fee and a \$30.00 exam fee. When the exam is passed, the applicant will pay a \$100.00 prorated credential fee, based on a 4-year term from June 30th.
- Experience: A person applying for an Industrial Journeyman Electrician license examination shall have completed at least 1,000 hours per year of experience for at least five (5) years in industrial electrical wiring work. If a person has completed semesters in a school of electrical engineering or an accredited college, university, technical, or vocational school in an electrical related program, the applicant may claim 500 hours for each semester up to a total of 2,000 hours and two (2) years towards the required experience. Complete the Experience Table on Page 2. Attach a copy of transcripts, if applicable.
- 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 "Journeyman Electrician, Industrial."

Method 2 – Apprenticeship

Completing an industrial electrical apprenticeship program

- **Application and Fee:** The fee consists of a \$35.00 application fee and a \$100.00 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.
- Electrical Apprenticeship: Completed an industrial electrical apprenticeship program recognized under Wis. Stat. ch. 106 or the Federal Department of Labor. Attach a copy of certificate of completion from the Wisconsin Bureau of Apprenticeship Standards stating that you have satisfied the requirements of an industrial electrical apprenticeship program. If you have any questions about apprenticeship standards, please contact the Wisconsin Bureau of Apprenticeship Standards at: http://dwd.wisconsin.gov/apprenticeship/contacts.htm or (608) 266-3332.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR INDUSTRIAL JOURNEYMAN ELECTRICIAN LICENSE

The Department must deny your application	if you are liable for delinquent sta	te taxes, UI contributions,	or child support (Wis. Stat. §§ 440.12 and 440.13).			
PLEASE TYPE OR PRINT IN INK			ess are available to the public. Check box to withhold of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name	First Name	MI D	ate of Birth			
Address (street, city, state, zip)		D	aytime Telephone Number			
Social Security Number Your Social Security Number must be submitted with your application on this form. If you do not have 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 y	es, list your credential nu	ımber:			
E-mail Address						
APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.		APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:				
☐ I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see further information below)		☐ Fee and Application (including signature on Page 3)				
Method 1 - Experience and Exam \$35.00 Application Fee		☐ Supporting Documentation for Method Applying by (see Page i for instruction, i.e., college transcripts, letter of apprenticeship completion)				
\$30.00 Exam Fee \$65.00 Total Fee Attached		☐ Is name on all credentials the same? If not, list former/maiden				
☐ Method 2 - Apprenticeship (see Prorated Credential Fee Table below)		name(s):				
Reinstatement Fee (credential expi \$35.00 Application Fee \$30.00 Exam Fee \$25.00 Late Renewal Fee \$90.00 Total Fee Attached	red more than four (4) years)					
Prorated Credential Fee Table – Method 2 Select the month the application is mailed. The fee below includes both the application and credential fee.						
☐ January - \$122.52	☐ February - \$120.44	☐ March - \$118.36	☐ April - \$116.28			
☐ May - \$114.20	☐ June - \$112.12	☐ July – \$135.00	☐ August - \$132.92			
September - \$130.84	October - \$128.76	November - \$126.6	8 December - \$124.60			
ARE YOU A VETERAN? If yes, please eligibility requirements.	e view the Department website at	t https://dsps.wi.gov/Page	es/Professions/MilitaryLicensureBenefits.aspx for			
If you qualify, are you requesting a wai	ver of your initial credentialing	g fee?				
If Yes, provide a copy of your Departmen	t of Veterans Affairs voucher co	de and list your DVA Vo	oucher Code Number:			
You may contact the DVA at 1-800-Wis	Vets or www.WISVETS.com fo	or assistance in obtainir	g vour DVA Voucher Code and/or documents			

#3105 (Rev. 11/20) Class Code 7631

related to your training.

Wisconsin Department of Safety and Professional Services

EXPERIENCE TABLE: METHOD 1

Document at least 1,000 hours per year of experience for the last five (5) years in industrial electrical wiring work. The witness must have observed or had knowledge of the number of work hours performed in electrical construction. If a person has completed semesters in a school of electrical engineering or an accredited college, university, technical or vocational school in an electrical related program, the applicant may claim 500 hours for each semester up to a total of 2,000 hours and two (2) years towards the required experience. Copies of this page may be made to mail to witnesses to sign. (Attach additional sheets if necessary.)

Month/Year Began	Month/Year Ended	Hours	Signature of Witness OR Name of School	Phone # of Witness
			(If a witness, print and sign form here.)	
			(If a witness, print and sign form here.)	
			(If a witness, print and sign form here.)	
			(If a witness, print and sign form here.)	
			(If a witness, print and sign form here.)	

TO SCHEDULE AN UPCOMING EXAM, METHOD 1:

- 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@wisconsin.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.)							
Madison – (new location)	☐ February 9, 2021	☐ February 10, 2021	☐ April 13, 2021	☐ April 14, 2021			
Hill Farms State Office Building 4822 Madison Yards Way Madison, WI 53705	☐ June 1, 2021	☐ June 2, 2021	☐ August 24, 2021	☐ August 25, 2021			
	October 19, 2021	October 20, 2021	☐ December 14, 2021	☐ December 15, 2021			
Brookfield – Sheraton (new location)	☐ January 5, 2021	☐ January 6, 2021	☐ March 23, 2021	☐ March 24, 2021			
Sheraton Milwaukee Brookfield Hotel 375 South Moorland Road Brookfield, WI 53005	☐ May 4, 2021	☐ May 5, 2021	☐ July 6, 2021	☐ July 7, 2021			
	☐ September 21, 2021	☐ September 22, 2021	☐ November 2, 2021	☐ November 3, 2021			
Eau Claire – Sleep Inn and Suites 5872 33rd Avenue Eau Claire, WI 54703	☐ February 23, 2021	☐ February 24, 2021	☐ April 20, 2021	☐ April 21, 2021			
	☐ June 15, 2021	☐ June 16, 2021	☐ August 3, 2021	☐ August 4, 2021			
	☐ October 5, 2021	October 6, 2021					
Appleton – Doubletree by Hilton Appleton 150 South Nicolet Road Appleton, WI 54914	☐ January 19, 2021	☐ January 20, 2021	☐ March 9, 2021	☐ March 10, 2021			
	☐ May 18, 2021	☐ May 19, 2021	☐ July 20, 2021	☐ July 21, 2021			
	☐ September 8, 2021	September 9, 2021	☐ November 16, 2021	☐ November 17, 2021			

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at http://dsps.wi.gov under "Professions" and select "Journeyman Electrician, Industrial."

Wisconsin Department of Safety and Professional Services

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: / / / /

(Print and Sign Form)