

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: DSPSCredTrades@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTIONS FOR AUTOMATIC FIRE SPRINKLER TESTER APPLICATION

Requirements for Credential

Per [Wis. Admin. Code § SPS 305.50](#), pursuant to [Wis. Stat. §§ 145.15 \(4\), 145.165 and 145.175](#), no person may install, maintain or repair automatic fire sprinkler systems unless the person holds a license or registration issued by the Department as a licensed Automatic Fire Sprinkler Contractor, a licensed Journeyman Sprinkler Fitter, a registered Automatic Fire Sprinkler System Apprentice, a registered Automatic Fire Sprinkler Contractor Maintenance, or a registered Automatic Fire Sprinkler Fitter Maintenance. A credential is not required if a person is repairing, replacing, or maintaining electrical supervisory devices for existing automatic fire sprinkler systems.

No person may conduct the annual activities relative to inspection and testing of an existing automatic fire sprinkler system and components as required by [Wis. Admin. Code ch. SPS 314](#) unless the person holds a license or registration issued by the Department as a licensed Automatic Fire Sprinkler Contractor, a licensed Journeyman Sprinkler Fitter, a registered Automatic Fire Sprinkler System Apprentice, a registered Automatic Fire Sprinkler Contractor Maintenance, a registered Automatic Fire Sprinkler Fitter Maintenance or a registered Automatic Fire Sprinkler System Tester or a registered Automatic Fire Sprinkler System Tester Learner.

Per [Wis. Admin. Code § SPS 305.56](#), a person who holds a registration issued by the Department as a registered Automatic Fire Sprinkler System Tester may conduct the annual activities relative to inspection and testing of an existing automatic fire sprinkler system and components as required by [Wis. Admin. Code ch. SPS 314](#) and NFPA 25.

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 \$25.00 exam fee. When the exam is passed the applicant will pay a \$180.00 credential fee, based on a 4-year term from the date of issuance.
2. **Certification or Experience:** A person applying for an Automatic Fire Sprinkler System Tester registration examination shall have completed **one** of the following:
 - a. **Certification:** Hold a level II certification in the inspection and testing of water based automatic fire sprinkler systems from the National Institute for Certification in Engineering Technologies (NICET). **Attach** a copy of the certification.
 - b. **Experience:** At least 1,500 hours of automatic fire sprinkler system testing as a registered Automatic Fire Sprinkler System Tester Learner for at least 18 months. **Complete** the Experience Table on Page 2.
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> under "PROFESSIONS" and select "Automatic Fire Sprinkler Tester."

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APPLICATION FOR AUTOMATIC FIRE SPRINKLER TESTER REGISTRATION

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).

PLEASE TYPE OR PRINT IN INK <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 <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Address (street) <input type="text"/>	(city) <input type="text"/>	(state) <input type="text"/>	(zip code) <input type="text"/>
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>		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? <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 further information below)
- Initial Credential Fee**
\$15.00 Application Fee
\$25.00 Exam Fee
\$40.00 Total Fee Attached
- Reinstatement Fee (credential expired more than 4 years)**
\$15.00 Application Fee
\$25.00 Exam Fee
\$25.00 Late Renewal Fee
\$65.00 Total Fee Attached

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

- Fee and Application** (including signature on Page 3)
- Supporting Documentation for Method Applying by** (see Page i for instruction, i.e., copy of level II certification from NICET)
- 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 for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

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EXPERIENCE TABLE:

Document at least 1,500 hours of automatic fire sprinkler system testing as a registered Automatic Fire Sprinkler System Tester Learner for at least 18 months. The witness must have observed or had knowledge of the number of work hours performed in automatic fire sprinkler system testing. 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	Phone # of Witness
□□/□□□□	□□/□□□□	□□□	(If unable to provide a digital signature print and sign form.)	□□□□□□
□□/□□□□	□□/□□□□	□□□	(If unable to provide a digital signature print and sign form.)	□□□□□□
□□/□□□□	□□/□□□□	□□□	(If unable to provide a digital signature print and sign form.)	□□□□□□
□□/□□□□	□□/□□□□	□□□	(If unable to provide a digital signature print and sign form.)	□□□□□□
□□/□□□□	□□/□□□□	□□□	(If unable to provide a digital signature print and sign form.)	□□□□□□

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 DSPS 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 DSPPSCredTrades@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.)

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under “PROFESSIONS” and select “Automatic Fire Sprinkler Tester.”

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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: / /

(If unable to provide a digital signature print and sign form.)