

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 JOURNEYMAN AUTOMATIC FIRE SPRINKLER FITTER APPLICATION

Requirements for Credential

Per [Wis. Admin. Code § SPS 305.50](#), pursuant to [Wis. Stats. § 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 § 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 305.52](#), the activities that may be undertaken by a person who holds a license as a licensed Journeyman Automatic Fire Sprinkler Fitter shall be performed under the general supervision of a person who holds a license as a licensed Automatic Fire Sprinkler Contractor.

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

1. **Application and Fee:** The fee consists of a \$10.00 application fee and a \$20.00 exam fee. When the exam is passed the applicant will pay a \$180.00 prorated credential fee, based on a 4 year term from June 30th.
2. **Completion of Automatic Fire Sprinkler System Apprenticeship:** A person applying for a Journeyman Automatic Fire Sprinkler Fitter license examination shall have completed an automatic fire sprinkler system apprenticeship program recognized under [Wis. Stats. § 106](#) or the Federal Department of Labor. **Attach** a copy of a letter from the Wisconsin Bureau of Apprenticeship Standards stating that you have satisfied the requirements of an automatic fire sprinkler system apprenticeship program in order to take the exam. 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.
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 this profession.

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

APPLICATION FOR JOURNEYMAN AUTOMATIC FIRE SPRINKLER FITTER LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK			
<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number 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, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
Social Security # <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"/>			
Email Address <input type="text"/>			

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 below for further information)
- Initial Credential Fee**
\$10.00 Application Fee
~~\$20.00~~ Exam Fee
\$30.00 Total Fee Attached
- Reinstatement Fee (credential expired more than 4 years)**
\$10.00 Application Fee
\$20.00 Exam Fee
~~\$25.00~~ Late Renewal Fee
\$55.00 Total Fee Attached

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

- Fee and Application** (including signature on Page 2)
- Supporting Documentation** (see Page i for instruction, i.e. letter of apprenticeship completion)
- Is name on all credentials the same? If not, list former/maiden name(s):**

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "Professions." Select this profession, then "Other Forms."

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.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

Wisconsin Department of Safety and Professional Services

TO SCHEDULE AN UPCOMING EXAM:

- 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 DPSPSCredTrades@wi.gov.

Select One: A.M. (starts at 8:00 a.m.) <input type="checkbox"/> or P.M. (starts at 1:00 p.m.) <input type="checkbox"/>				
(If taking a 2-part plumbing exam or 5-hour exam, you will be scheduled for both the A.M. <u>and</u> the P.M. session.)				
Madison – East Side Club (new location) 3735 Monona Drive, Madison, WI 53714	February 4, 2020	April 1, 2020	June 2, 2020	August 11, 2020
	October 6, 2020	December 8, 2020		
Pewaukee – Holiday Inn (new location) Pewaukee Milwaukee West N14 W24140 Tower Place Pewaukee, WI 53072	January 8, 2020	March 12, 2020	May 14, 2020	July 1, 2020
	September 23, 2020	November 3, 2020		
Eau Claire – Sleep Inn and Suites 5872 33 rd Ave., Eau Claire, WI 54703	February 25, 2020	April 15, 2020	June 16, 2020	August 25, 2020
	October 20, 2020			
Appleton – Doubletree by Hilton (new location) 150 S. Nicolet Rd., Appleton 54914	January 23, 2020	March 17, 2020	May 20, 2020	July 14, 2020
	September 9, 2020	November 10, 2020		

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dpsps.wi.gov> under “Professions” and select this profession.

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.

Signature: Date: / /