

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

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INSTRUCTIONS FOR HVAC CONTRACTOR APPLICATION**

Requirements for Credential

Per [Wis. Admin. Code § SPS 305.70](#), no person, entity or business may engage or offer to engage in installing or servicing heating, ventilating or air conditioning equipment unless the person, entity or business holds a registration issued by the Department as a registered HVAC Contractor.

A person, entity or business is not required to hold a registration as a registered HVAC Contractor for the following:

- To service existing heating, ventilating or air conditioning equipment within facilities or properties owned by the person, entity or business. for electrical or plumbing work associated with the installation or servicing of HVAC equipment or systems;
- To install or service heating, ventilating, air conditioning, or refrigeration equipment within a dwelling owned by the person, entity, or business and in which the person, entity, or business resides or will reside;
- For electrical or plumbing work associated with the installation or servicing of the HVAC equipment or systems.

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

1. **Application and Fee:** The fee consists of a \$15 application fee and a \$160 credential fee, based on a 4 year term from the date of issuance.
2. **Business Representative:** The person applying for an HVAC Contractor registration 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.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR HVAC CONTRACTOR REGISTRATION

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, phone number, and e-mail address are available to the public. Check box to withhold street address, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Business Name

Business FEIN

 -

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

Business Telephone Number

 - -

Business E-mail 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 code)

Daytime Telephone Number

 - -

Social Security Number

 - -

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.

E-mail 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
 \$15.00 Application Fee
~~\$160.00~~ Credential Fee
\$175.00 Total Fee Attached

Reinstatement Fee (credential expired more than 4 years)
 \$15.00 Application Fee
 \$160.00 Credential Fee
~~\$25.00~~ Late Renewal Fee
\$200.00 Total Fee Attached

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

Fee and Application (including signature on Page 2)

Is name on all credentials the same? If not, list former/maiden name(s):

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes 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 a 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 a WDVA Voucher Code and/or documents related to your training.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under “Professions” and select “HVAC Contractor.”

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)