

# 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@wisconsin.gov](mailto:DSpscCredTrades@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## **DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING** **INSTRUCTIONS FOR HVAC QUALIFIER APPLICATION**

### **Requirements for Credential**

Per [Wis. Admin. Code § SPS 305.71](#), an individual may obtain in accordance with this section an HVAC Qualifier certification from the Department relative to the business of installing or servicing heating, ventilating or air conditioning equipment. A person or entity who utilizes a person who holds an HVAC Qualifier certification under this section shall be deemed to be a certified HVAC business and pursuant to [Wis. Stat. § 101.178\(3\)\(c\)](#) may not be required to obtain a local certification, license, or other approval in order to engage in the business of installing or servicing heating, ventilating or air conditioning equipment.

### **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 \$25 exam fee. When the exam is passed the applicant will pay a \$60 credential fee, based on a 4-year term from the date of issuance.
2. **Experience/Education:** A person applying for an HVAC Qualifier certification examination shall have completed **one** of the following:
  - a. **Experience:** At least 1,000 hours per year for at least 4 years of experience in supervising or performing the design, installation, servicing or maintenance of HVAC systems or equipment. **Complete** the Experience Table on Page 2.
  - b. **Education:** At least 4 years of attendance in a school of mechanical engineering or in an accredited college, university, or technical, vocational or apprenticeship school in an HVAC related program. **Attach** a copy of transcripts.
  - c. **Experience and Education:** Any combination of 4 years of experience and education listed above.
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 "HVAC Qualifier."

# 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@wisconsin.gov](mailto:DSpscCredTrades@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR HVAC QUALIFIER CERTIFICATION

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).

<b>PLEASE TYPE OR PRINT IN INK</b>		<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).	
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Address (street)</b>	<b>(city)</b>	<b>(state)</b>	<b>(zip code)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Daytime Telephone Number</b>			
<input type="text"/> - <input type="text"/> - <input type="text"/>			
<b>Social Security Number</b>	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 <a href="#">Form #1051</a> . The Department may not disclose the Social Security Number collected except as authorized by law.		
<input type="text"/> - <input type="text"/> - <input type="text"/>			
<b>Have you ever held a Trades credential in WI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>			
<b>E-mail Address</b>			
<input type="text"/>			

**APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form #3073](#).**

- 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** (see Page i for instruction, i.e., college transcripts)
- 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 and list your WDVA Voucher Code #: \_\_\_\_\_

(You may contact the WDVA at 1-800-947-8387 or [dva.wi.gov](http://dva.wi.gov) for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

# Wisconsin Department of Safety and Professional Services

**EXPERIENCE TABLE:**

Document at least 1,000 hours per year of experience for at least 4 years in the designing, installation, servicing or maintenance of HVAC systems or equipment. The witness must have observed or had knowledge of the number of work hours performed in supervising or performing the designing, installation, servicing or maintenance of HVAC systems or equipment. 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
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
□□/□□□□	□□/□□□□	□□□	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Print and Sign Form)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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 see information at <https://dsps.wi.gov/Pages/Professions/TradesExaminationInformation.aspx> or email [DSPPCredTrades@wisconsin.gov](mailto:DSPPCredTrades@wisconsin.gov).

Select <b>One</b> : A.M. (starts at 8:00 a.m.) <input type="checkbox"/> <b>or</b> 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. and the P.M. session.)				
<b>DeForest</b> Comfort Inn and Suites 5025 County Road V DeForest, WI 53532	<input type="checkbox"/> February 7, 2023	<input type="checkbox"/> February 8, 2023	<input type="checkbox"/> April 11, 2023	<input type="checkbox"/> April 12, 2023
	<input type="checkbox"/> June 13, 2023	<input type="checkbox"/> June 14, 2023	<input type="checkbox"/> August 8, 2023	<input type="checkbox"/> August 9, 2023
	<input type="checkbox"/> October 10, 2023	<input type="checkbox"/> October 11, 2023	<input type="checkbox"/> December 12, 2023	<input type="checkbox"/> December 13, 2023
<b>Pewaukee</b> Ingleside Hotel 2810 Golf Road Pewaukee, WI 53072	<input type="checkbox"/> January 10, 2023	<input type="checkbox"/> January 11, 2023	<input type="checkbox"/> March 21, 2023	<input type="checkbox"/> March 22, 2023
	<input type="checkbox"/> May 23, 2023	<input type="checkbox"/> May 24, 2023	<input type="checkbox"/> July 25, 2023	<input type="checkbox"/> July 26, 2023
	<input type="checkbox"/> September 5, 2023	<input type="checkbox"/> September 6, 2023	<input type="checkbox"/> November 21, 2023	<input type="checkbox"/> November 22, 2023
<b>Wausau – Fairfield By Marriott</b> 7100 Stone Ridge Dr, Weston, WI 54476	<input type="checkbox"/> August 22, 2023	<input type="checkbox"/> August 23, 2023	<input type="checkbox"/> October 24, 2023	<input type="checkbox"/> October 25, 2023
<b>Appleton – Doubletree by Hilton Appleton</b> 150 South Nicolet Road Appleton, WI 54914	<input type="checkbox"/> January 24, 2023	<input type="checkbox"/> January 25, 2023	<input type="checkbox"/> March 7, 2023	<input type="checkbox"/> March 8, 2023
	<input type="checkbox"/> May 9, 2023	<input type="checkbox"/> May 10, 2023	<input type="checkbox"/> July 11, 2023	<input type="checkbox"/> July 12, 2023
	<input type="checkbox"/> September 19, 2023	<input type="checkbox"/> September 20, 2023	<input type="checkbox"/> November 7, 2023	<input type="checkbox"/> November 8, 2023
<b>Eau Claire – Sleep Inn and Suites</b> 5872 33rd Ave, Eau Claire, WI 54703	<input type="checkbox"/> February 27, 2023	<input type="checkbox"/> February 28, 2023	<input type="checkbox"/> April 25, 2023	<input type="checkbox"/> April 26, 2023
	<input type="checkbox"/> June 27, 2023	<input type="checkbox"/> June 28, 2023		

**RENEWAL REQUIREMENTS:** Please view the Department website at <https://dsps.wi.gov> under “PROFESSIONS” and select “HVAC Qualifier.”

# 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've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /

(Print and Sign Form)