

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

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTIONS FOR PIPELAYER APPLICATION

Requirements for Credential

Per [Wis. Stat. § 145.06](#), no person may engage in or work at plumbing in the state unless licensed to do so by the Department.

Per [Wis. Admin. Code § SPS 305.98](#), pursuant to [Wis. Stat. § 145.07 \(11\)](#), a person who holds a registration as a registered Pipelayer may install or modify water services, private water mains, sanitary building sewers, storm building sewers, or private interceptor main sewers under the general supervision of a licensed Utility Contractor, licensed Master Plumber, or a licensed Master Plumber Restricted Service.

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 \$180 prorated credential fee, based on a 4 year term from March 31st. The fee table on Page 1 includes both the application fee and prorated credential fee.
2. **Qualification for Registration:** A person applying for a Pipelayer registration to install plumbing shall be at least 18 years old.

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APPLICATION FOR PIPELAYER 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, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Date of Birth <input style="width:25%; text-align:center;" type="text"/> / <input style="width:25%; text-align:center;" type="text"/> / <input style="width:25%; text-align:center;" type="text"/>	
Address (street, city, state, zip code) <input style="width:95%;" type="text"/>			Daytime Telephone Number <input style="width:25%; text-align:center;" type="text"/> - <input style="width:25%; text-align:center;" type="text"/> - <input style="width:25%; text-align:center;" type="text"/>	
Social Security Number <input style="width:30%; text-align:center;" type="text"/> - <input style="width:30%; text-align:center;" type="text"/> - <input style="width:30%; text-align:center;" 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 style="width:150px;" type="text"/>				
E-mail Address <input style="width:95%;" 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 further information below)
- Initial Credential Fee** (see Prorated Credential Fee Table below)
- Reinstatement Fee (credential expired more than 4 years)** (\$25.00 Late Renewal Fee + Prorated Credential Fee below)

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):

Prorated Credential Fee Table			
Select the month the application is mailed. The fee below includes both the application and credential fee.			
<input type="checkbox"/> January - \$161.25	<input type="checkbox"/> February - \$157.50	<input type="checkbox"/> March - \$153.75	<input type="checkbox"/> April - \$195.00
<input type="checkbox"/> May - \$191.25	<input type="checkbox"/> June - \$187.50	<input type="checkbox"/> July - \$183.75	<input type="checkbox"/> August - \$180.00
<input type="checkbox"/> September - \$176.25	<input type="checkbox"/> October - \$172.50	<input type="checkbox"/> November - \$168.75	<input type="checkbox"/> December - \$165.00

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 call 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.)

Wisconsin Department of Safety and Professional Services

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

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)