

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 CREDENTIALING PROCESSING **INSTRUCTIONS FOR PLUMBING APPRENTICE APPLICATION**

Requirements for Credential

Per [Wis. Stats. § 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 § 305.95](#), a person who holds a registration as a registered Plumbing Apprentice may install or modify plumbing under the general supervision of a person who is a licensed Master Plumber. A person who installs or modifies plumbing as a registered Plumbing Apprentice may do so if he or she is indentured under [Wis. Stats. § 106](#).

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 \$15 credential fee, based on a 1 year term from the date of issuance.
2. **Plumbing Apprenticeship:** A person applying for a Plumbing Apprentice registration shall be indentured in a plumbing apprenticeship program recognized under [Wis. Stats. § 106](#) or the Federal Department of Labor. **Attach** a copy of the apprenticeship contract or proof of plumbing indentureship from the Wisconsin Bureau of Apprenticeship Standards. If you have any questions about apprenticeship standards, please contact the Wisconsin Bureau of Apprenticeship Standards at: <http://dwd.wisconsin.gov/apprenticeship/contacts.htm>.

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING APPLICATION FOR PLUMBING APPRENTICE 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, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Date of Birth

Address (street, city, state, zip)

Daytime Telephone Number

Social Security #

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? Yes No

If yes, list your credential number:

Email 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 further information below)

Initial Credential Fee
\$15.00 Application Fee
\$15.00 Credential Fee
\$30.00 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. copy of the apprenticeship contract or proof of plumbing indentureship)

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> for eligibility requirements.

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.WISVETS.com for assistance in obtaining your DVA 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 “Licenses, Permits, and Registrations” and select “Trades Professions.”

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: / /