

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 PLUMBING LEARNER RESTRICTED SERVICE 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.

Pursuant to [Wis. Stat. § 145.14](#), the plumbing activities that may be undertaken by a person who holds a credential as a licensed Master Plumber Restricted Service, licensed Journeyman Plumber Restricted Service, or registered Plumbing Learner Restricted Service shall be limited to installing septic tanks for private on-site wastewater treatment systems, drain fields designed to serve such septic tanks, and sewer service from the septic tank or sewer extensions from mains to the immediate inside or proposed inside foundation wall of the building. Such persons may also install water services, stormwater use systems, and reclaimed water systems if the services or systems are to be located outside the foundation wall of the building.

Per [Wis. Admin. Code § 305.96](#), the plumbing activities that may be undertaken by a person who holds a registration as a registered Plumbing Learner Restricted Service shall be performed under the direct supervision of a person who holds a Master Plumber license, a Master Plumber Restricted Service license, a Journeyman Plumber license or a Journeyman Plumber Restricted Service license.

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 2 year term from the date of issuance.
2. **Qualification for Registration:** A person applying for a Plumbing Learner Restricted Service registration shall be at least 16 years old.
3. **Education and Employment:** The applicant shall complete **both** of the following:
 - a) Completed the 12th grade in high school or its equivalent. **Attach** one of the following:
 - A copy of your high school diploma
 - Evidence of completion of the general equivalency diploma
 - Notarized transcripts or letter from the high school stating you completed 12th grade
 - Transcripts showing you have a bachelor, associate or other degree from an accredited college or university
 - b) Employed by an acceptable business engaged in the installation of plumbing. The Master Plumber you work for is responsible for your training and education. **Obtain** the signature of the licensed Master Plumber you work under on Page 2.

For more information about Plumber Learner Restricted Program Resources, please view the Department website at <http://dsps.wi.gov> under "Professions" and select "Plumbing Learner Restricted Service."

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APPLICATION FOR PLUMBING LEARNER RESTRICTED SERVICE 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**

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

First Name

MI

Date of Birth

 / /

Address (street, city, state, zip code)

Daytime Telephone Number

 - -

Social Security Number

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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:

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 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. evidence of education)
- Is name on all credentials the same? If not, list former/maiden name(s):**

ARE YOU A VETERAN? If Yes, view the DSPS website at <https://dps.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 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

RESPONSIBLE MASTER PLUMBER

Master Plumber's Name:

License #:

I certify that the business which employs the applicant is engaged in the installation of plumbing, and the business maintains a ratio of at least one Journeyman Plumber or Journeyman Plumber Restricted for each Plumbing Learner.

Signature of Master Plumber:

Date:

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RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under "Professions" and select "Plumbing Learner Restricted Service."

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)