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 ELEVATOR APPRENTICE APPLICATION

Requirements for Credential

Per Wis. Admin. Code § SPS 305.994, the activities of an individual, who holds a registration issued by the Department as a registered Elevator Apprentice to erect, construct, alter, replace, maintain, repair, remove or dismantle conveyances shall be performed under the general supervision of a person who is a licensed Elevator Mechanic.

A person who holds a registration issued by the Department as a registered Elevator Apprentice may also:

- Maintain and repair conveyances and replace conveyance components and subsystems, except the replacement of hoist rope and governor ropes, shall be performed under the general supervision of a person who is a licensed Elevator Mechanic or a licensed Elevator Mechanic Restricted.
- Erect, construct, alter, replace, maintain, repair, remove or dismantle conveyances covered under ASME A18.1 and ASME A17.1 section 5.2 shall be performed under the general supervision of a person who is a licensed Elevator Mechanic or a licensed Lift Mechanic.

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 4 year term from the date of issuance.

2. **Elevator Apprenticeship**: A person applying for an Elevator Apprentice registration shall be indentured in an elevator apprenticeship program recognized under Wis. Stats. § 106 or the Federal Department of Labor. **Attach** a copy of the apprenticeship contract or proof of elevator indentureship from the Wisconsin Bureau of Apprenticeship Standards or the Federal Department of Labor. If you have any questions about apprenticeship standards, please contact the Wisconsin Bureau of Apprenticeship Standards at: http://dwd.wisconsin.gov/apprenticeship/contacts.htm or 608-266-3332.

Committed to Equal Opportunity in Employment and Licensing

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APPLICATION FOR ELEVATOR 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 elevator 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 under "Licenses, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" 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.

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RENEWAL REQUIREMENTS: Please view the Department website at http://dsps.wi.gov 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: __ __ / __ __ / __ __ __ __

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