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 INSPECTOR APPLICATION

Requirements for Credential

Per Wis. Admin. Code § SPS 305.64, no person, as an authorized representative of the Department, may provide inspections required Wis. Admin. Code § SPS 318 unless the person hold a license issued by the Department as a licensed Elevator Inspector.

A person who inspects conveyances as a licensed Elevator Inspector shall be responsible for all of the following:

- Maintain a record of the inspections made including the dates and the findings of the inspections;
- Provide a copy of the inspection record to the conveyance owner or his or her agent;
- Make available to the department upon request inspection records;
- Maintain his or her QEI certification.

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 $120 prorated credential fee based on a 4-year term from December 31st. The fee table on Page 1 includes both the application fee and prorated credential fee.

2. **Certification**: A person applying for an Elevator Inspector license shall submit evidence that they hold a certification in accordance with the procedures established under the standard for the Qualification of Elevator Inspector (QEI-1) from an independent organization acceptable to the Department. Acceptable independent organizations include:

   - The Elevator Industry Work Preservation Fund
   - The National Association of Elevator Safety Authorities International (NAESA International)
   - QEI Service, Inc.

   Attach a copy of your current QEI-1 Elevator Inspector certificate.

Committed to Equal Opportunity in Employment and Licensing

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

APPLICATION FOR ELEVATOR INSPECTOR LICENSE

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.

Race/Sex information is required for criminal background check.

Race: ☐ White ☐ American Indian or Alaskan Native ☐ Hispanic
☐ Black ☐ Asian or Pacific Islander ☐ Other

Sex: ☐ Male ☐ Female

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 Page 2 for further information)

☐ **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)

☐ **Supporting Documentation** (see Page i for instruction, i.e. copy of QEI-1 certification)

☐ 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 the application fee, credential fee, and CIB fee.

☐ January - $143.00	☐ February - $140.50	☐ March – $138.00	☐ April - $135.50
☐ May - $133.00	☐ June - $130.50	☐ July – $128.00	☐ August - $125.50
☐ September - $123.00	☐ October - $120.50	☐ November - $118.00	☐ December - $115.50

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at http://dsps.wi.gov or 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.

CONTINUING EDUCATION AND 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: __ __ / __ __ / __ __ __ __

Committed to Equal Opportunity in Employment and Licensing