

Wisconsin Department of Safety and Professional Services

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FAX #: (608) 267-0592
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: DSPSCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR POWTS INSPECTOR APPLICATION

Requirements for Credential

Per [Wis. Admin. Code § 305.66](#), a person who holds a certification issued by the Department as a certified POWTS Inspector may inspect privately owned wastewater treatment systems, POWTS, for the purpose of administering and enforcing the provisions of [Wis. Admin. Code § SPS 381 to 387](#) as an authorized representative of the Department or a local governmental unit.

A person who inspects privately owned wastewater treatment systems as a certified POWTS Inspector shall:

- 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 privately owned wastewater treatment system owner or his or her agent;
- Make available to the Department upon request his or her inspection records.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

A person may obtain a credential as a certified POWTS Inspector by **one** of the following methods:

Method 1 – Examination

Taking and passing the POWTS Inspector certification examination.

1. **Application and Fee:** The fee consists of a \$15.00 application fee and a \$25.00 exam fee. When the exam is passed the applicant will pay a \$40.00 prorated credential fee, based on a 4 year term from June 30th.
2. **Examination:** Select an exam date on Page 2. For additional information on exam content, please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

Method 2 – Proof of Current Certification

Submitting evidence of holding a current certification.

1. **Application and Fee:** The fee consists of a \$15.00 application fee and a \$40.00 prorated credential fee, based on a 4 year term from June 30th. The fee table on Page 1 includes both the application fee and prorated credential fee.
2. **Current License:** Attach a copy of current certification as one of the following:
 - Wisconsin Master or Journeyman Plumber
 - Wisconsin Master or Journeyman Plumber Restricted Service.

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING APPLICATION FOR POWTS INSPECTOR CERTIFICATION

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 | | <input type="checkbox"/> 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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Address (street, city, state, zip) | | Daytime Telephone Number | |
| <input type="text"/> | | <input type="text"/> - <input type="text"/> - <input type="text"/> | |
| 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. | | |
| <input type="text"/> - <input type="text"/> - <input type="text"/> | | | |
| Have you ever held a Trades credential in WI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/> | | | |
| Email Address | | | |
| <input 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)
- Method 1 - Examination**
\$15.00 Application Fee
\$25.00 Exam Fee
\$40.00 Total Fee Attached
- Method 2 – Proof of Current Certification**
(see Prorated Credential Fee Table below)
- Reinstatement Fee (credential expired more than 4 years)**
(\$25.00 Late Renewal Fee + Method 1 or Method 2 fee)

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Fee and Application** (including signature on Page 3)
- Supporting Documentation for Method Applying by** (see Page i for instruction, i.e. proof of current certification)
- Is name on all credentials the same? If not, list former/maiden name(s):**

| Prorated Credential Fee Table – Method 2 | | | |
|---|---|---|---|
| Select the month the application is mailed. The fee below includes both the application and credential fee. | | | |
| <input type="checkbox"/> January - \$50.02 | <input type="checkbox"/> February - \$49.19 | <input type="checkbox"/> March - \$48.36 | <input type="checkbox"/> April - \$47.53 |
| <input type="checkbox"/> May - \$46.70 | <input type="checkbox"/> June - \$45.87 | <input type="checkbox"/> July - \$55.00 | <input type="checkbox"/> August - \$54.17 |
| <input type="checkbox"/> September - \$53.34 | <input type="checkbox"/> October - \$52.51 | <input type="checkbox"/> November - \$51.68 | <input type="checkbox"/> December - \$50.85 |

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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TO SCHEDULE AN UPCOMING EXAM: METHOD 1

- Indicate a **first date choice (1)** and a **second date choice (2)** in the event one exam site is full.
- Submit the **fee and this application to the Department at least 30 days in advance of the exam date chosen.**
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at DSPSCredTrades@wi.gov.

| | | | | |
|--|-------------------|--------------------|-------------------|---------------|
| Select availability: A.M. (starts at 8:00 a.m.) <input type="checkbox"/> P.M. (starts at 1:00 p.m.) <input type="checkbox"/> [If taking a 2-part plumbing exam or 5-hour exam, you will be scheduled for both the A.M. <u>and</u> the P.M. session] | | | | |
| PEWAUKEE WCTC Education Center 800 Main St., Pewaukee, WI 53072 | November 28, 2018 | January 23, 2019 | March 19, 2019 | May 22, 2019 |
| | July 24, 2019 | September 11, 2019 | November 13, 2019 | |
| EAU CLAIRE SleepInn Conference Center 5872 33 rd Ave., Eau Claire, WI 54703 | December 4, 2018 | February 18, 2019 | April 24, 2019 | June 05, 2019 |
| | August 28, 2019 | October 23, 2019 | December 04, 2019 | |
| APPLETON Fox Valley Technical College 1825 N. Bluemound Dr., Appleton, WI 54914 | November 07, 2018 | January 10, 2019 | March 27, 2019 | May 29, 2019 |
| | July 10, 2019 | September 25, 2019 | November 26, 2019 | |
| MADISON Madison Crowne Plaza 4402 E. Washington Ave., Madison, WI 53704 | December 12, 2018 | February 06, 2019 | April 10, 2019 | June 26, 2019 |
| | August 13, 2019 | October 09, 2019 | December 18, 2019 | |

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dps.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: / /