

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### INSTRUCTIONS FOR SOIL EROSION INSPECTOR APPLICATION

#### **Requirements for Credential**

Per [Wis. Admin. Code § 305.63](#), no person may conduct the inspection of one- or two-family dwellings for the purpose of administering and enforcing [Wis. Admin. Code § SPS 321.125](#), unless the person holds a certification issued by the Department as a certified Soil Erosion Inspector..

A person who inspects one- or two-family dwellings as a certified Soil Erosion Inspector shall:

- Maintain a record of the inspections made including the dates and the findings of the inspections;
- Provide a copy of the inspection report to the property 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:**

1. **Application and Fee**: The fee consists of a \$15 application fee and a \$40 prorated credential fee, based on a 4-year term from June 30<sup>th</sup>. The fee table on Page 1 includes both the application fee and prorated credential fee.
2. **Training Course**: A person applying for a Soil Erosion Inspector certification shall have completed an approved training course on soil erosion control standards.

**Attach** verification of completion of an approved training course on soil erosion control standards. For a list of approved courses, please view the Department website at <http://dsps.wi.gov> under “Professions” and select “Soil Erosion Inspector.”

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR SOIL EROSION INSPECTOR CERTIFICATION

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 email address are available to the public. Check box to withhold street address/PO Box, phone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Address (number, street, city, state, zip code) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	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 <a href="#">Form #1051</a> . The Department may not disclose the Social Security Number collected except as authorized by law.
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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.

- I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see further information below)
- 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., training course verification)
- 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 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, view the DSPPS website at <https://dsps.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 call the WDVA at 1-800-947-8387 or [dva.wi.gov](http://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

**RENEWAL REQUIREMENTS:** Please view the Department website at <http://dps.wi.gov> under “Professions” and select “Soil Erosion Inspector.”

## 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:   /   /

(If you are unable to provide a digital signature print and sign form.)