

# Wisconsin Department of Safety and Professional Services

Mail To: 4822 Madison Yards Way  
Madison, WI 53705  
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
E-Mail: [DSPSCredTrades@wisconsin.gov](mailto:DSPSCredTrades@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### INSTRUCTIONS FOR UDC ELECTRICAL INSPECTOR APPLICATION

#### Requirements for Credential

Per [Wis. Admin. Code § 305.63](#), no person may conduct the inspection of one- and two-family dwellings for the purpose of administering and enforcing [Wis. Admin. Code ch. SPS 316](#) and [Wis. Admin. Code ch. SPS 324](#) unless the person holds a certification issued by the Department as a certified UDC Electrical Inspector.

A person who inspects one- and two-family dwellings as a certified UDC Electrical 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:

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

##### **Method 1 – Examination**

Taking and passing the UDC Electrical 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 30<sup>th</sup>.
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 “PROFESSIONS” and select “UDC Electrical Inspector.”

##### **Method 2 – Proof of Current Licensure/Certification**

Submitting evidence of holding a current license or 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 30<sup>th</sup>. The fee table on Page 1 includes both the application fee and prorated credential fee.
2. **Current License/Certification:** Attach a copy of current license/certification of one of the following:
  - Wisconsin Journeyman Electrician license
  - Wisconsin Residential Master Electrician license
  - Wisconsin Master Electrician license
  - Certified Electrical Inspector Residential issued under International Association of Electrical Inspectors /National Fire Protection Association

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR UDC ELECTRICAL 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).

<b>PLEASE TYPE OR PRINT IN INK</b>		<input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Address (street)</b>	<b>(city)</b>	<b>(state)</b>	<b>(zip code)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number</b>			<b>Daytime Telephone Number</b>
<input type="text"/>			<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.			
<b>Have you ever held a Trades credential in WI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>			
<b>E-mail Address</b>			
<input type="text"/>			

#### APPLICATION FEES: Please check applicable box.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see below for further information)
- Method 1 - Examination**  
\$15.00 Application Fee  
\$25.00 Exam Fee  
**\$40.00 Total Fee Attached**
- Method 2 – Proof of Current License/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 2)
- Supporting Documentation for Method Applying by** (see Page i for instruction, i.e., proof of current license/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 DSPS 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 copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: \_\_\_\_\_

(You may contact the WDVA at 1-800-947-8387 or [dva.wi.gov](http://dva.wi.gov) for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

# Wisconsin Department of Safety and Professional Services

## TO SCHEDULE AN UPCOMING EXAM:

1. View exam dates and locations on the Department website, <https://dsps.wi.gov/Pages/Professions/TradesExaminationInformation.aspx>.
2. Below write in first date choice and a second date choice in the event one exam site is full. **To avoid processing delays please print legibly.**
3. Check box for MORNING (8:00 AM) **or** AFTERNOON (1:00 PM) session.
4. Keep a copy of this application for your records. You may only schedule ONE future exam session at a time for each credential type.
5. You will receive a letter from DSPS confirming your upcoming exam, including the time, date, and location of the exam.
6. If you need special accommodations see information at the link in Item 1 above or email [DSPSCredTrades@wisconsin.gov](mailto:DSPSCredTrades@wisconsin.gov).

### FIRST CHOICE

CITY (Please print or type.)	DATE (mm/dd/yyyy)	MORNING	AFTERNOON
	__ / __ / ____	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 1:00 PM

### SECOND CHOICE

CITY (Please print or type.)	DATE (mm/dd/yyyy)	MORNING	AFTERNOON
	__ / __ / ____	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 1:00 PM

**ESPAÑOL:** Si desea realizar su examen en español, marque esta casilla. (If you would like to take your exam in Spanish, please check this box.)

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> under "PROFESSIONS" and select "UDC Electrical 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:

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

Date:  /  /