

Wisconsin Department of Safety and Professional Services

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

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INSTRUCTIONS FOR UDC HVAC 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 323](#) unless the person holds a certification issued by the Department as a certified UDC HVAC Inspector.

A person who inspects one- and two-family dwellings as a certified UDC HVAC 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 HVAC Inspector by **one** of the following methods:

Method 1 – Examination

Taking and passing the UDC HVAC 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 “PROFESSIONS” and select “UDC HVAC Inspector.”
- 3.

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 Certification:** Attach a copy of current certification of one of the following
 - Wisconsin Commercial Building Inspector
 - Wisconsin HVAC Qualifier

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR UDC HVAC 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		<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).	
Last Name <input style="width: 100%;" type="text"/>	First Name <input style="width: 100%;" type="text"/>	MI <input style="width: 30px;" type="text"/>	Date of Birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Address (street) <input style="width: 100%;" type="text"/>		(city) <input style="width: 100%;" type="text"/>	(state) <input style="width: 30px;" type="text"/> (zip code) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Social Security Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input style="width: 150px;" type="text"/>			
E-mail Address <input style="width: 100%;" type="text"/>			

APPLICATION FEES: Please check applicable box. Make check payable to DSPTS and attach to this application. To pay by credit card see [Form #3073](#).

- 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 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 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 DSPTS 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 for assistance in obtaining your WDVA 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 see information at <https://dps.wi.gov/Pages/Professions/TradesExaminationInformation.aspx> or email DSPSCredTrades@wisconsin.gov.

Select One : A.M. (starts at 8:00 a.m.) <input type="checkbox"/> or 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.)				
DeForest – (new location) Comfort Inn and Suites 5025 County Road V DeForest, WI 53532	<input type="checkbox"/> February 15, 2022	<input type="checkbox"/> February 16, 2022	<input type="checkbox"/> April 27, 2022	<input type="checkbox"/> April 28, 2022
	<input type="checkbox"/> June 21, 2022	<input type="checkbox"/> June 22, 2022	<input type="checkbox"/> August 23, 2022	<input type="checkbox"/> August 24, 2022
	<input type="checkbox"/> October 4, 2022	<input type="checkbox"/> October 5, 2022	<input type="checkbox"/> December 13, 2022	<input type="checkbox"/> December 14, 2022
Pewaukee – (new location) Ingleside Hotel 2810 Golf Road Pewaukee, WI 53072	<input type="checkbox"/> January 4, 2022	<input type="checkbox"/> January 5, 2022	<input type="checkbox"/> March 15, 2022	<input type="checkbox"/> March 16, 2022
	<input type="checkbox"/> May 24, 2022	<input type="checkbox"/> May 25, 2022	<input type="checkbox"/> July 26, 2022	<input type="checkbox"/> July 27, 2022
	<input type="checkbox"/> September 13, 2022	<input type="checkbox"/> September 14, 2022	<input type="checkbox"/> November 29, 2022	<input type="checkbox"/> November 30, 2022
Eau Claire – Sleep Inn and Suites 5872 33rd Ave, Eau Claire, WI 54703	<input type="checkbox"/> April 12, 2022	<input type="checkbox"/> April 13, 2022	<input type="checkbox"/> August 9, 2022	<input type="checkbox"/> August 10, 2022
Appleton – Doubletree by Hilton Appleton 150 South Nicolet Road Appleton, WI 54914	<input type="checkbox"/> January 18, 2022	<input type="checkbox"/> January 19, 2022	<input type="checkbox"/> March 1, 2022	<input type="checkbox"/> March 2, 2022
	<input type="checkbox"/> May 3, 2022	<input type="checkbox"/> May 4, 2022	<input type="checkbox"/> July 12, 2022	<input type="checkbox"/> July 13, 2022
	<input type="checkbox"/> September 27, 2022	<input type="checkbox"/> September 28, 2022	<input type="checkbox"/> November 8, 2022	<input type="checkbox"/> November 9, 2022
Wausau – (new location) Fairfield By Marriott 7100 Stone Ridge Dr, Weston, WI 54476	<input type="checkbox"/> February 1, 2022	<input type="checkbox"/> February 2, 2022	<input type="checkbox"/> June 7, 2022	<input type="checkbox"/> June 8, 2022
	<input type="checkbox"/> October 25, 2022	<input type="checkbox"/> October 26, 2022		

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dps.wi.gov> under “PROFESSIONS” and select “UDC HVAC 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: / /

(Print and Sign Form)