

# Wisconsin Department of Safety and Professional Services

**Mail To:** 4822 Madison Yards Way  
Madison, WI 53705  
**FAX #:** (608) 267-0592  
**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 INSPECTION AGENCY APPLICATION**

#### **Requirements for Credential**

Per [Wis. Admin. Code § SPS 305.635](#), no person may engage in or offer to engage in the activities of facilitating plan review, issuance of Wisconsin uniform building permits, or inspection of one- and two-family dwellings in a municipality where the Department has jurisdiction pursuant to [Wis. Stats. § 101.651\(3\)\(b\)](#), unless the person obtains a registration issued by the Department as a registered UDC Inspection Agency.

A person who is responsible for facilitating plan review, issuance of Wisconsin uniform building permits and the inspections for one- and two-family dwellings as a registered UDC Inspection Agency shall be responsible for all of the following:

- Utilizing persons appropriately certified under [Wis. Admin. Code § SPS 305.63](#) to review the plans, issue the permits and conduct the inspections.
- Making the records relative to the plan review, issuance of permits and inspections available to the Department, upon request.
- Providing inspection services for all inspections required under [Wis. Admin. Code § SPS 320.10](#).
- Cooperating with the department in any program monitoring, enforcement activities, and investigations.
- Following all procedures established by the department for UDC enforcement by inspection agencies.
- Reporting to the department in writing when the agency has been dismissed by the owner or builder.
- Making any records associated with their permit, plan review and inspection activities available to the permit holder upon request.

#### **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 credential fee, based on a 4 year term from the date of issuance.
2. **Business Representative:** The person applying for a UDC Inspection Agency registration shall be the owner of the business, a partner in the business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the corporation.

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR UDC INSPECTION AGENCY REGISTRATION

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

Business Name

Business FEIN

Business Address (street, city, state, zip code)

Business Telephone Number

Business E-mail Address

Has this business ever held a Trades credential in WI?

Yes  No

If yes, list credential number:

Business Representative's Title (owner, partner, chairman of the board or chief executive officer)

Last Name

First Name

MI

Date of Birth

Address (street, city, state, zip code)

Daytime Telephone Number

Social Security Number

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.

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**  
\$15.00 Application Fee  
\$40.00 Credential Fee  
\$55.00 Total Fee Attached

**Reinstatement Fee (credential expired more than 4 years)**  
\$15.00 Application Fee  
\$40.00 Credential Fee  
\$25.00 Late Renewal Fee  
\$80.00 Total Fee Attached

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

**Fee and Application** (including signature on Page 2)

Is name on all credentials the same? If not, list former/maiden name(s):

# Wisconsin Department of Safety and Professional Services

**ARE YOU A VETERAN? If Yes**, view the DSPS website at <https://dps.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.)

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

## 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)