

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 78780
Milwaukee, WI 53293-0780
FAX #: (608) 267-0592
Phone #: (608) 266-2112

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

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTIONS FOR FIRE DETECTION, PREVENTION AND SUPPRESSION INSPECTOR APPLICATION

Requirements for Credential

Per [Wis. Admin. Code §305.627](#), no person may perform inspections of fire detection, prevention and suppression devices being installed during the construction or alteration of, or the addition to, public buildings and places of employment unless the person holds a certification issued by the Department as a certified Fire Detection, Prevention and Suppression Inspector.

A person who inspects fire detection, prevention, and suppression devices as a certified Fire Detection, Prevention and Suppression 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 inspection records;
- Maintain his or her certification at all times during which he or she is certified as a Fire Detection, Prevention and Suppression Inspector.

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

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. **Certification:** A person applying for a Fire Detection, Prevention and Suppression Inspector certification shall submit evidence that they hold **one** of the following certifications:
 - a. A valid certification from the National Fire Protection Association qualifying him or her as a certified fire inspector I (National Fire Protection Association (NFPA) Fire Inspector I certification)
 - b. A valid equivalent certification as determined by the Department, based on the standards of the National Fire Protection Association (NFPA) Fire Inspector I certification:
 - NFPA 1031 standard-based programs with Pro Board accredited Fire Inspector I certification
 - International Fire Service Accreditation Congress (IFSAC) accredited Fire Inspector I certification
 - International Code Council (ICC) Fire Inspector I certification
 - National Institute for Certification in Engineering Technologies (NICET) Inspection and Testing of Fire Alarm Systems Level 1 or Level 2 certification
 - c. A current Wisconsin Commercial Building Inspector certification
 - d. Certification from NICET in Inspection and Testing of Water-Based Systems (sprinkler systems) at Level 1 or 2.
 - e. A current Commercial Fire Alarm Inspector
 - f. A current Commercial Fire Sprinkler Inspector

Note: This is not a comprehensive list of equivalent Fire Inspector I certifications.

Attach a copy of your current certification that is applicable.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR FIRE DETECTION, PREVENTION, AND SUPPRESSION 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 or PO Box number, 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"/> |
|--|---|-----------------------------------|--|

| | |
|---|---|
| Address (street, city, state, zip) <input type="text"/> | Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/> |
|---|---|

| | |
|--|--|
| Social Security # <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 Form #1051. 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. 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)
- 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. copy of certification)
- 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, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> 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.

Wisconsin Department of Safety and Professional Services

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under “Professions” and click on the hyperlink for this trade.

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: / /

(Print and Sign Form)