Wisconsin Department of Safety and Professional Services

Mail To:	P.O. Box 78780	**Office Location:**	4822 Madison Yards Way
	Milwaukee, WI 53293-0780		Madison, WI 53705
FAX #:	(608) 267-0592	E-Mail:	DSPSCredTrades@wi.gov
Phone #:	(608) 266-2112	Website:	http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTIONS FOR ELEVATOR MECHANIC TEMPORARY APPLICATION

Requirements for Credential

Per Wis. Stats. § 101.985 (2)(d), if there are no Elevator Mechanics licensed under this subchapter available to provide services contracted for by an Elevator Contractor licensed under this subchapter, the Elevator Contractor may notify the Department and request the issuance of a temporary Elevator Mechanic's license to any individual who is certified by the Elevator Contractor as adequately qualified and able to perform the work of an Elevator Mechanic without direct and immediate supervision and who applies for a temporary Elevator Mechanic's license on a form prescribed by the Department.

The Department shall specify on a temporary Elevator Mechanic's license the Elevator Contractor in whose employ the licensee must remain to provide services under the temporary Elevator Mechanic's license.

The Elevator Mechanic Temporary license cannot take the place of pursuing a non-temporary credential by completing the Wisconsin Code and Statute requirements.

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 $10 credential fee, based on a 30 day term from the date of issuance.

2. **Responsible Elevator Contractor**: A person applying for an Elevator Mechanic Temporary license shall be certified by an Elevator Contractor as adequately qualified and able to perform the work of an Elevator Mechanic without direct and immediate supervision. **Obtain** the signature of the licensed Elevator Contractor you work for on Page 2.

An Elevator Mechanic Temporary license has a term of 30-days and may be renewed by the Department in the case of a continuing shortage of licensed elevator mechanics. The Elevator Mechanic Temporary license must be renewed online at http://dsps.wi.gov. Select Self-Service > Construction/Building Trades > Renewal a Credential Online.

If an Elevator Mechanic Temporary license has been expired for 30 days or longer, the credential holder must re-apply for licensure.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR ELEVATOR MECHANIC TEMPORARY LICENSE

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

Last Name	First Name	MI	Date of Birth
			___ / ___ / ___

Address (street, city, state, zip)

Daytime Telephone Number
___ - ___ - ___

Social Security #
___ - ___ - ___

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? ☐ 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**
$15.00 Application Fee
$10.00 Credential Fee
$25.00 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): _____

ARE YOU A VETERAN? If yes, please view the Department website at http://dsps.wi.gov 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.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

TO BE COMPLETED BY THE RESPONSIBLE ELEVATOR CONTRACTOR: Identify the elevator contractor in whose employ the licensee must remain to provide services under the temporary elevator mechanic's license per Wis. Stats. § 101.985 (2)(d).

Elevator Contractor's Name: _____   License #: _____

Employment Effective Date: ____ / ____ / _____

I certify that the elevator contractor listed above will assume responsibility for the licensee, and failure to comply with the statutes and rules of the Department may be cause for disciplinary action.

Signature of Elevator Contractor: _____   Date: ____ / ____ / _____
(Print and Sign Form)

RENEWAL REQUIREMENTS: An Elevator Mechanic Temporary license has a term of 30 days and may be renewed by the Department in the case of a continuing shortage of licensed elevator mechanics. The Elevator Mechanic Temporary license must be renewed online at http://dsps.wi.gov. Select Self-Service > Construction/Building Trades > Renewal a Credential Online.

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)