Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way Madison, WI 53705 Phone Number: (608) 266-2112 LicensE Portal: <u>https://l</u> Email: <u>dsps@y</u> Website: <u>http://d</u>

https://license.wi.gov/ dsps@wisconsin.gov http://dsps.wi.gov

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, PROFESSIONAL LAND SURVEYORS, AND REGISTERED INTERIOR DESIGNERS

DESIGNER OF ENGINEERING SYSTEMS APPLICANT APPRAISAL FORM

Applicant's Name:									
Field or Subfield:	Field or Subfield:								
Date of Birth:			Applicatio	n ID Number:	PAR-				
Note to Applicant: Provide replies from three (3) references having personal knowledge of your experience, one of whom is a Registered Architect, Professional Engineer, or holds a permit as a Designer of Engineering Systems. Family members can act as supplemental references in support of an application, but not as one of the three (3) required responses. The individual serving as a reference must upload completed form into LicensE.									
ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for 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. By signing below, I am signifying that I have read and understand the above declarations.									
Applicant Signature	(If unable to pro	ovide a digital signature, please	e print and sig	gn form.)		Date			
Instructions for Individual Providing Appraisal: The applicant named above has applied for a permit as a Designer of Engineering Systems to practice in the State of Wisconsin. To assist the Board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below. Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at <u>license.wi.gov</u> . You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)									
1. I know this applicant: Very Well Well Slightly Not at all									
2. My contacts with the applicant extend: From:// To://									
3. These contacts were: (check all that apply)									
As an associate	munity affairs	As a student in my classes Other (specify in box below): In professional societal activities							
4. I am familiar with the applicant's work at: (name of company)									
5. Describe the principal duties performed by the applicant:									
To qualify for registration, an applicant must have sufficient knowledge and experience. To assist the Board in evaluating this applicant, please indicate whether the applicant has entry level competence in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).									
Yes No UK Required Areas of Experience (Research and Development /Design)									
6. Problem identification, including consideration of alternative approaches to problems solving Planning, including selecting a practical or reasonable approach 									
8. Execution of plan, including completing design calculations									
9. Image: Imag									
10.									
		of materials and component	ts						
12.	Production Production	on of final designs							

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(<i>Continued from Page 1.</i>) To qualify for registration, an applicant must have sufficient knowledge and experience. To assist the Board in evaluating this applicant, please indicate whether the applicant has entry level competence in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).									
	Yes	No	UK	Other Areas of Experience (Other Design/Construction/Maintenance)					
13.				Preparation of detailed working drawings					
14.				Evaluation of design solution for adherence to laws and codes and obtain approval					
15.				Identification of design objectives					
16.				Definition of performance specifications, and functional requirements, such as materials and energy balances					
17.				Construction phase: Observation					
18.				Characteristics of all key materials					
19.				Preparation of designs, layouts, and systems diagrams					
20.				Preparation of supporting technical information					
21.				Preparation of bid documents, including conducting a contract evaluation					
22.				Preparation of specifications and data sheets					
23.				Interaction with professionals from other areas of work					
24.				Consultation with contractors, suppliers, and installers					
25.				Observation of installed equipment and material for conformity to specifications					
26.				Assistance in design implementation construction					
27.				Revision of design as required including record drawings and specification					
28.				Certification in completing and testing					
29.				Provision of field service assistance					
30.				Reviewing of completed work					
31.				Development of preventative maintenance schedules					
to practice the design of engineering systems. (Attach additional sheets if necessary.)									
	-	-		icant is qualified to hold a permit as a Designer of Engineering Systems. 🗌 Yes 🗌 No					
ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations. 34. The information on this form is being submitted by:									
Name									
1141	it.			Affix seal <u>or</u>					
				Indicate where registered, type of profession, and					
Firm Indicate where registered, type of profession, and registration number below: (if applicable)									
Title/Position									
Add	ress (s	treet, cit	y, state, z	p code)					
Daytime Telephone Number									
Signature (If mobile to mervide a digital signature mint and sign forme)									
Signature (If unable to provide a digital signature print and sign form.)									
Date	e	/	/						