

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](https://license.wi.gov)
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

HVAC QUALIFIER CERTIFICATION APPLICATION INFORMATION

Requirements for Credential

Per [Wis. Admin. Code § SPS 305.71](#), an individual may obtain in accordance with this section an HVAC Qualifier certification from the Department relative to the business of installing or servicing heating, ventilating or air conditioning equipment. A person or entity who utilizes a person who holds an HVAC Qualifier certification under this section shall be deemed to be a certified HVAC business and pursuant to [Wis. Stat. § 101.178\(3\)\(c\)](#) may not be required to obtain a local certification, license, or other approval in order to engage in the business of installing or servicing heating, ventilating or air conditioning equipment.

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

1. **Application and Fees:** Apply and pay fees online in LicensE, <https://license.wi.gov>. Fees will be calculated in LicensE. If needed, you can save your application and complete and submit it later. NOTE: If DSPS requests additional documents they must be uploaded within three (3) months from the date they were requested. Failure to do so may result in having to submit a new application and pay fees.
2. **Experience/Education:** A person applying for an HVAC Qualifier certification examination shall have completed **one** of the following:
 - a. **Experience:** At least 1,000 hours per year for at least 4 years of experience in supervising or performing the design, installation, servicing or maintenance of HVAC systems or equipment. **Complete** Form 3122T on the next page.
 - b. **Education:** At least 4 years of attendance in a school of mechanical engineering or in an accredited college, university, or technical, vocational or apprenticeship school in an HVAC related program. **Upload** a copy of transcripts.
 - c. **Experience and Education:** Any combination of 4 years of experience and education listed above.
3. **Examination:** You will be made eligible to test after your application has been submitted and reviewed. If additional documents are required you will be made eligible to test after all documentation has been received and reviewed. A communication will be sent once you are made eligible to test. Please check your "junk" or "spam" email folders. You can also check the status of your application by entering your Preliminary Application Number (PAR) at <https://license.wi.gov/s/application-status-lookup>. If you fail an exam, you must login to LicensE, <https://license.wi.gov>, and pay another exam fee.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING HVAC QUALIFER CERTIFICATION EXPERIENCE FORM (3122T)

APPLICANT Complete the applicant section of the form. Obtain the required signatures in the Experience Table then upload the completed form into your LicensE account, https://license.wi.gov.			
Last Name	First Name	MI	Former/Maiden Name(s)
See information on Form 3122 page i to see if you are required to complete and upload this form.			Application Number
			PAR-

At least 1,000 hours per year for at least 4 years of experience in supervising or performing the design, installation, servicing or maintenance of HVAC systems or equipment. See Form 3120 for further information.

EXPERIENCE TABLE (Upload additional sheets if needed.)			
1.	Name of Witness		
	Start (Month/Year) : ____ / ____	End (Month/Year) : ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		____ / ____ / ____	____ - ____ - ____
2.	Name of Witness		
	Start (Month/Year) : ____ / ____	End (Month/Year) : ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		____ / ____ / ____	____ - ____ - ____
3.	Name of Witness		
	Start (Month/Year) : ____ / ____	End (Month/Year) : ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		____ / ____ / ____	____ - ____ - ____
4.	Name of Witness		
	Start (Month/Year) : ____ / ____	End (Month/Year) : ____ / ____	Hours: _____
	Signature of Witness/School (If unable to provide a digital signature print and sign form.)	Date	Witness Phone Number
		____ / ____ / ____	____ - ____ - ____