

# 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](mailto:DSPSCredTrades@wi.gov)  
**Website:** <http://dsps.wi.gov>

## **DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING** **INSTRUCTIONS FOR DWELLING CONTRACTOR APPLICATION**

### **Requirements for Credential**

Per [Wis. Admin. Code § SPS 305.31](#), no person may obtain a building permit for a one- and two-family dwelling unless the person complies with all of the following, except as provided under [Wis. Stats. § 101.654\(1\)\(b\) and \(c\)\(2\)](#):

- Holds a Dwelling Contractor certification or a Dwelling Contractor Restricted certification issued by the Department;
- Holds or engages, as an employee, a person who holds a certification issued by the Department as a Dwelling Contractor Qualifier.

### **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 \$25.00 credential fee, based on a 1-year term from the date of issuance.
2. **Business Representative:** The person applying for a Dwelling Contractor certification shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.
3. **Worker's Compensation Requirements:** By signing Page 2 of the application, the applicant is attesting that the business is in compliance with worker's compensation requirements under [Wis. Stats. § 102](#). If you are unsure whether worker's compensation is required for the business, contact the Department of Workforce Development – Worker's Compensation Division online at <http://dwd.wisconsin.gov/wc/> or call (608) 266-1340.
4. **Unemployment Compensation Requirements:** By signing Page 2 of the application, the applicant is attesting that the business is in compliance with unemployment compensation requirements under [Wis. Stats. § 108](#). If you are unsure whether unemployment compensation is required for the business, contact the Department of Workforce Development - Unemployment Compensation Division online at <https://dwd.wisconsin.gov/ui/> or call (608) 261-6700.
5. **Proof of Financial Responsibility:** A person applying for a Dwelling Contractor certification shall provide **one** of the following proofs of financial responsibility under [Wis. Stats § 101.654\(2\)](#). Liability insurance policies and bonds must provide that it may not be canceled by the person covered by the insurer or Surety Company except on 30 days written notice served on the Department in person or by certified mail. The person covered shall file with the Department proof of replacement insurance or bond within the 30- day notice period and before the expiration of the policy or bond. The Department may suspend without prior notice or hearing the certificate of financial responsibility of a person who does not file satisfactory proof of replacement insurance or bond.
  - a. **Bond:** If the business chooses to have in force a bond, endorsed by a surety company authorized to do business in Wisconsin (i.e. licensed in Wisconsin), of at least \$25,000, conditioned upon the business complying with all applicable provisions of the one- and two-family dwelling code and any ordinance enacted under [Wis. Stats. § 101.654\(1\)\(a\)](#), and as indemnity for any loss sustained by any person because of any violation by the business of that dwelling code or ordinance, the bond shall be executed in the name of the state for the benefit of any person who sustains a loss as described in the above. If the applicant wishes to utilize a bond of less than \$25,000, complete the Dwelling Contractor Restricted certification application. **Attach** a copy of the bond.
  - b. **Liability Insurance:** The business has in force a policy of general liability insurance insuring the applicant in the amount of at least \$250,000 per occurrence because of bodily injury to or death of others or because of damage to the property of others and issued by one of the following:
    - An insurer authorized to do business in this state, or
    - An insurer that is eligible to provide insurance as a surplus lines insurer in one or more states.

To confirm the status of a surety bond company or insurance company, visit the Wisconsin Office of the Commissioner of Insurance website at <http://oci.wi.gov>, or the National Association of Insurance Commissioners website at <https://eapps.naic.org/cis/>.

**Attach a copy of your current Certificate of Liability Insurance and ensure that the certificate holder is listed as: Department of Safety and Professional Services, 4822 Madison Yards Way, Madison, WI 53705**

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## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### APPLICATION FOR DWELLING CONTRACTOR CERTIFICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

**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).

<b>Business Name</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Business FEIN</b> <input style="width: 95%; height: 20px;" type="text"/>
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<b>Business Address</b> (street, city, state, zip) <input style="width: 95%; height: 20px;" type="text"/>	<b>Business Telephone Number</b> <input style="width: 95%; height: 20px;" type="text"/>
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**Business Email 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)

<b>Last Name</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>First Name</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>MI</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Date of Birth</b> <input style="width: 95%; height: 20px;" type="text"/>
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<b>Address</b> (street, city, state, zip) <input style="width: 95%; height: 20px;" type="text"/>	<b>Daytime Telephone Number</b> <input style="width: 95%; height: 20px;" type="text"/>
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<b>Social Security #</b> <input style="width: 95%; height: 20px;" 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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**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  
 \$25.00 Credential Fee  
**\$40.00 Total Fee Attached**
- Reinstatement Fee (credential expired more than 1 year)**  
 \$15.00 Application Fee  
 \$25.00 Credential Fee  
 \$25.00 Late Renewal Fee  
**\$65.00 Total Fee Attached**

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

- Fee and Application** (including signature on Page 2)
- Supporting Documentation** (see Page i for instruction, i.e. proof of financial responsibility)
- 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, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility.

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](http://www.WISVETS.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

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**RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> under "Professions" and select this credential type.

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## 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.

## ATTESTATION

I certify compliance with worker's compensation requirements under [Wis. Stats. § 102](#) and unemployment compensation requirements under [Wis. Stats. § 108](#).

Signature:  Date:  /  /

# Wisconsin Department of Safety and Professional Services

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING TRADES FAX PAYMENT FORM

Fax completed form and required documents to (608)267-0592.

**NOTE:** Submission of this form will not expedite the processing of your application for credential or start the initial process, all items are processed in the order they are received. Once all required materials are received, the Department will make a determination on your application for credential within 21 calendar days per Wis. Admin Code. § SPS 305.04(1).

### CUSTOMER INFORMATION

Name of Applicant/Credential Holder:

License/Customer ID Number:

Profession(s):

### REQUIRED PAYMENT INFORMATION

Mark the appropriate box(es) to indicate type of payment.

Initial Credential Fee  Application Fee  Exam/Retake  Renewal Fee/Late Fee  CIB Fee

Other: (please list)

Email Address:

Daytime Phone Number:  -  -

**Please Note:** For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

Total Amount to Charge: \$

Cardholder's Address:

Street City State Zip Code

Credit Card Number:  -  -  -

Expiration Date:  /



3-digit security code



4-digit security code

Security Code:

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature:

DSPS uses RightFax to ensure safe and secure transmission of your payment information

**For Receiving Purposes**