

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: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: DSPPSCredTrades@wi.gov
Website: <http://dsps.wi.gov>

Insurance or
Bond Required

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 application fee and a \$25 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 issued by an insurer authorized to do business in Wisconsin insuring the business 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. **Attach** a copy of your current (not expired) insurance certificate. **The certificate must indicate all the following:**
 - The Certificate Holder is listed as: Department of Safety & Professional Services, Trades Credentialing; PO Box 7082, Madison, WI 53707-7082. (NOTE: the certificate holder information is usually located in the lower left hand corner on the certificate);
 - The company/person is insured for at least \$250,000 per occurrence of general liability insurance;

To confirm the license status of the insurance company or surety bond company, visit the Wisconsin Office of the Commissioner of Insurance website at: <https://sbs-wi.naic.org/Lion-Web/jsp/sbsreports/CompanySearchLookup.jsp>.

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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 and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

| | |
|--|--|
| Business Name <input style="width: 95%; height: 20px;" type="text"/> | Business FEIN <input style="width: 95%; height: 20px;" type="text"/> |
|--|--|

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

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)

| | | | |
|--|---|--|---|
| Last Name <input style="width: 95%; height: 20px;" type="text"/> | First Name <input style="width: 95%; height: 20px;" type="text"/> | MI <input style="width: 20px; height: 20px;" type="text"/> | Date of Birth <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> |
|--|---|--|---|

| | |
|---|---|
| Address (street, city, state, zip) <input style="width: 95%; height: 20px;" type="text"/> | Daytime Telephone Number <input style="width: 95%; height: 20px;" type="text"/> |
|---|---|

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|--|--|
| Social Security # <input style="width: 95%; height: 20px;" type="text"/> | Your Social Security Number or Employer Identification 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 <http://dsps.wi.gov> under "Licenses, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" 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.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under "Licenses, Permits, and Registrations" and select "Trades Professions."

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: / /