

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
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR DWELLING CONTRACTOR QUALIFIER 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 \$30.00 credential fee, based on a 2-year term from the date of issuance.
2. **Initial Qualifier Course:** A person applying for a Dwelling Contractor Qualifier certification shall have completed at least 12 hours in an approved initial qualifier course in dwelling construction within **one year** prior to the date of application.

Attach verification of completion of an approved initial qualifier course in dwelling construction. For a list of approved courses, please view the Department website at <http://dsps.wi.gov> under “Professions” and select this profession.

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APPLICATION FOR DWELLING CONTRACTOR QUALIFIER CERTIFICATION

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 and electronic 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
~~\$30.00~~ Credential Fee
\$45.00 Total Fee Attached

Reinstatement Fee (credential expired more than 2 years)
\$15.00 Application Fee
\$30.00 Credential Fee
~~\$25.00~~ Late Renewal Fee
\$70.00 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. completion certificate of a 12-hour course)

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 <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> 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.

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

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: / /

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