

Wisconsin Department of Safety and Professional Services

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

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING **INSTRUCTIONS FOR MASTER ELECTRICIAN APPLICATION**

Requirements for Credential

Per [Wis. Stats. § 101.862](#), no person may install, repair or maintain electrical wiring unless the person is licensed as an electrician by the Department or unless the person is enrolled as a registered Electrician by the Department.

Per [Wis. Admin. Code § SPS 305.43](#), for any electrical installation that requires a uniform building permit under [Wis. Admin. Code § SPS 320.08](#), a person who holds a Master Electrician license may not commence installation of electrical wiring until a permit is issued for the installation. A person who as a licensed Master Electrician is responsible for the installation, repair or maintenance of electrical wiring shall utilize the appropriately licensed or registered individuals to construct, install, repair or maintain electrical wiring.

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

A person may obtain a credential as a licensed Master Electrician by **one** of the following methods:

Method 1 – Experience/Degree and Examination

Completing the necessary hours of experience or having an electrical engineering degree and passing the Master Electrician license examination.

1. **Application and Fee:** The fee consists of a \$35.00 application fee and a \$30.00 exam fee. When the exam is passed the applicant will pay a \$200 prorated credential fee, based on a 4-year term from June 30th.
2. **Completion of Experience or Engineering Degree:** A person applying for a Master Electrician license examination shall have completed **one** of the following:
 - a. **Journeyman Electrician Experience:** Completed at least 12 months of experience as a licensed Journeyman Electrician. **Attach** a copy of your Journeyman Electrician license.
 - b. **Experience Hours:** Experience in installing, repairing, and maintaining electrical wiring during a period of at least 60 months, with at least 10,000 hours of experience over that period; OR at least 1,000 hours per year for at least 7 years. Each semester spent full-time in a school of electrical engineering or other accredited college, university, technical or vocational school in an electrical-related program shall be considered equivalent to 500 hours of experience, with no more than 3,000 hours and 3 years of experience through education being credited toward the required experience. Complete the Experience Table on Page 2. Attach a copy of transcripts, if applicable.
 - c. **Electrical Engineering Degree:** Electrical Engineering Degree: Bachelor's or master's degree in electrical engineering from an accredited engineering university or college. Attach a copy of transcripts.
3. **Examination:** Select an exam date on Page 2. For additional information on exam content, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Trades Professions."

Method 2 – Wisconsin Master Electrician License which had been exchanged for a Journeyman Electrician License

A person who held a Wisconsin Master Electrician license but exchanged it for a Journeyman Electrician license may, upon application to the Department, exchange his or her current Journeyman Electrician license for a Wisconsin Master Electrician license.

1. **Application and Fee:** The fee consists of a \$200.00 prorated credential fee, based on a 4- year term from June 30th. The fee table on Page 1 includes both the application fee and prorated credential fee. If the exchange is made at the time of renewal, a credential fee of \$200.00 for the Master Electrician license shall be submitted.
2. **Master Electrician License:** **Attach** a copy of your Master Electrician license. Keep your original copy of your Master Electrician license.

Method 3 – Reciprocity for Applicants Holding a Current Master A Electrician License in Iowa

A person who holds a valid, unexpired Master A Electrician license acquired through examination in Iowa may apply for a Wisconsin Master Electrician license without taking the WI exam.

1. **Application and Fee:** The fee consists of a \$35.00 application fee and a \$200.00 prorated credential fee, based on a 4-year term from June 30th. The fee table on Page 1 includes both the application fee and prorated credential fee.
2. **Experience** - The applicant must have held an Iowa Master A Electrician license continuously for at least one year immediately prior to submitting an application in Wisconsin.
3. **Iowa Verification of Examination and Registration (Form #3177)** - Verification from the Iowa Electrical Examining Board that you have a valid, unexpired Master A Electrician license in good standing obtained by examination in Iowa. Verifications must be returned directly to DSps and must include exam scores and licensure status. Form letters from Iowa are acceptable.

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR MASTER ELECTRICIAN LICENSE

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				<input type="checkbox"/> 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).
Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	
Address (street, city, state, zip) <input style="width: 95%;" type="text"/>			Daytime Telephone Number <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	
Social Security # <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" 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.		
Have you ever held a Trades credential in WI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input style="width: 150px;" type="text"/>				
Email Address <input style="width: 95%;" type="text"/>				

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)
- Method 1 - Experience/Degree and Exam**
 \$35.00 Application Fee
~~\$30.00~~ Exam Fee
\$65.00 Total Fee Attached
- Method 2 - WI Journeyman Electrician License Exchange**
 (see Prorated Credential Fee Table below)
- Method 3 - Iowa Reciprocity**
 (see Prorated Credential Fee Table Below)
- Reinstatement Fee** (credential expired more than 4 years)
 \$35.00 Application Fee
 \$30.00 Exam Fee
~~\$25.00~~ Late Renewal Fee
\$90.00 Total Fee Attached

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

- Fee and Application** (including signature on Page 3)
- Supporting Documentation for Method Applying by** (see Page i for instruction, i.e. copy of WI Journeyman Electrician license, college transcripts or degree, copy of original WI Master Electrician license)
- Is name on all credentials the same?** If not, list former/maiden name(s):

Prorated Credential Fee Table – Methods 2 and 3			
Select the month the application is mailed. The fee below includes both the application and credential fee.			
<input type="checkbox"/> January - \$209.98	<input type="checkbox"/> February - \$205.81	<input type="checkbox"/> March - \$201.64	<input type="checkbox"/> April - \$197.47
<input type="checkbox"/> May - \$193.30	<input type="checkbox"/> June - \$189.13	<input type="checkbox"/> July - \$235.00	<input type="checkbox"/> August - \$230.83
<input type="checkbox"/> September - \$226.66	<input type="checkbox"/> October - \$222.49	<input type="checkbox"/> November - \$218.32	<input type="checkbox"/> December - \$214.15

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <https://dps.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 for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

EXPERIENCE TABLE: METHOD 1

Document hours and months of experience and education. Provide a witness signature and phone number for experience hours. The witness must have observed or had knowledge of the number of work hours performed in electrical construction. Provide school name and phone number for education hours and attach transcripts. Copies of this page may be made and attached if necessary.

Month/Year Began	Month/Year Ended	Hours	Signature of Witness OR Name of School	Phone # of Witness
□□ / □□	□□ / □□	□□	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
□□ / □□	□□ / □□	□□	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
□□ / □□	□□ / □□	□□	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
□□ / □□	□□ / □□	□□	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
□□ / □□	□□ / □□	□□	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>

TO SCHEDULE AN UPCOMING EXAM: METHOD 1

- Indicate a **first date choice (1)** and a **second date choice (2)** in the event one exam site is full.
- Submit the **fee and this application to the Department at least 30 days in advance of the exam date chosen.**
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at DSPSCredTrades@wi.gov.

SELECT ONE: A.M. (starts at 8:00 A.M.) OR P.M. (starts at 1:00 P.M.)

DATES:

Month	Madison (Crowne Plaza) Crowne Plaza 4402 E. Washington Ave Madison, WI 53704	Pewaukee (WCTC) WCTC Education Center 800 Main St. Pewaukee, WI 53072	Appleton (FVTC) Fox Valley Technical College 1825 North Bluemound Dr. Appleton, WI 54914	Eau Claire (Sleepinn) SleepInn Conference Center 5872 33 rd Ave. Eau Claire, WI 54703
January	NA	<input type="checkbox"/> 1/23/2018	<input type="checkbox"/> 1/9/2018	NA
February	<input type="checkbox"/> 2/7/2018	NA	NA	<input type="checkbox"/> 2/27/2018
March	NA	<input type="checkbox"/> 3/14/2018	<input type="checkbox"/> 3/28/2018	NA
April	<input type="checkbox"/> 4/11/2018	NA	NA	<input type="checkbox"/> 4/24/2018
May	NA	<input type="checkbox"/> 5/16/2018	<input type="checkbox"/> 5/22/2018	NA
June	<input type="checkbox"/> 6/20/2018	NA	NA	<input type="checkbox"/> 6/5/2018
July	NA	<input type="checkbox"/> 7/10/2018	<input type="checkbox"/> 7/31/2018	NA
August	<input type="checkbox"/> 8/15/2018	NA	NA	<input type="checkbox"/> 8/28/2018
September	NA	<input type="checkbox"/> 9/26/2018	<input type="checkbox"/> 9/12/2018	NA
October	<input type="checkbox"/> 10/10/2018	NA	NA	<input type="checkbox"/> 10/23/2018
November	NA	<input type="checkbox"/> 11/28/2018	<input type="checkbox"/> 11/7/2018	NA
December	<input type="checkbox"/> 12/12/2018	NA	NA	<input type="checkbox"/> 12/4/2018

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

Wisconsin Department of Safety and Professional Services

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: / /