

Wisconsin Department of Safety and Professional Services

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Milwaukee, WI 53293-0780
FAX #: (608) 267-0592
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Office Location: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: DSPSCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR RESIDENTIAL JOURNEYMAN 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 305.40](#), the electrical wiring activities that may be undertaken by a person who holds a license or registration as a licensed Residential Master Electrician, a licensed Residential Journeyman Electrician or a registered Residential Electrical Apprentice shall be limited to wiring associated with dwellings, dwelling units and detached accessory buildings and structures serving the dwellings or the dwelling units, such as garages, carports, gazebos, and swimming pools. A person who holds a license or registration as a licensed Residential Master Electrician, a licensed Residential Journeyman Electrician, or a registered Residential Electrical Apprentice may perform electrical wiring not associated with dwellings and dwelling units, provided the person is under the direct supervision of a licensed Master Electrician, or Registered Master Electrician, or a licensed Journeyman Electrician.

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

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

Method 1 – Experience and Examination

Completing the necessary hours of experience and passing the Residential Journeyman Electrician license examination.

1. **Application and Fee:** The fee consists of a \$35 application fee and a \$30 exam fee. When the exam is passed the applicant will pay a \$100 prorated credential fee, based on a 4 year term from June 30th.
2. **Experience:** A person applying for a Residential Journeyman Electrician license examination shall have completed at least 1,000 hours per year of experience for at least 3 years in residential electrical wiring work. If a person has completed semesters in a school of electrical engineering or an accredited college, university, technical or vocational school in an electrical related program, the applicant may claim 500 hours for each semester up to a total of 2,000 hours and 2 years towards the required experience. **Complete** the Experience Table on Page 2. **Attach** a copy of transcripts, if applicable.
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 “Licenses, Permits, and Registrations” and select “Trades Professions.”

Method 2 – Apprenticeship

Completing a residential electrical apprenticeship program

1. **Application and Fee:** The fee consists of a \$35 application fee and a \$100 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. **Electrical Apprenticeship:** Completed a residential electrical wiring apprenticeship program recognized under [Wis. Stats. § 106](#) or the Federal Department of Labor. **Attach** a copy of certificate of completion from the Wisconsin Bureau of Apprenticeship Standards stating that you have completed a residential electrical wiring apprenticeship program. If you have any questions about apprenticeship standards, please contact the Wisconsin Bureau of Apprenticeship Standards at: <http://dwd.wisconsin.gov/apprenticeship/contacts.htm> or 608-266-3332.

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR RESIDENTIAL JOURNEYMAN 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

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).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Social Security # <input type="text"/> - <input type="text"/> - <input 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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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)
- Method 1 - Experience and Exam**
 \$35.00 Application Fee
 \$30.00 Exam Fee
\$65.00 Total Fee Attached
- Method 2 - Apprenticeship**
 (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. college transcripts, letter of apprenticeship completion)
- Is name on all credentials the same? If not, list former/maiden name(s):

Prorated Credential Fee Table – Method 2			
Select the month the application is mailed. The fee below includes both the application and credential fee.			
<input type="checkbox"/> January - \$122.52	<input type="checkbox"/> February - \$120.44	<input type="checkbox"/> March - \$118.36	<input type="checkbox"/> April - \$116.28
<input type="checkbox"/> May - \$114.20	<input type="checkbox"/> June - \$112.12	<input type="checkbox"/> July - \$135.00	<input type="checkbox"/> August - \$132.92
<input type="checkbox"/> September - \$130.84	<input type="checkbox"/> October - \$128.76	<input type="checkbox"/> November - \$126.68	<input type="checkbox"/> December - \$124.60

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.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

Wisconsin Department of Safety and Professional Services

EXPERIENCE TABLE: METHOD 1

Document at least 1,000 hours per year of experience for at least 3 years in residential electrical wiring work. The witness must have observed or had knowledge of the number of work hours performed in electrical construction. If a person has completed semesters in a school of electrical engineering or an accredited college, university, technical or vocational school in an electrical related program, the applicant may claim 500 hours for each semester up to a total of 2,000 hours and 2 years towards the required experience. Copies of this page may be made to mail to witnesses to sign. (attach additional sheet(s) if necessary)

Month/Year Began	Month/Year Ended	Hours	Signature of Witness OR Name of School	Phone # of Witness
□□ / □□	□□ / □□	□□	_____	□□□□
□□ / □□	□□ / □□	□□	_____	□□□□
□□ / □□	□□ / □□	□□	_____	□□□□
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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.) <u>or</u> P.M. (Starts at 1:00 p.m.)				
Madison - Madison Crowne Plaza 4402 E. Washington Ave. Madison, WI 53704	February 7, 2018	April 11, 2018	June 20, 2018	August 15, 2018
	October 10, 2018	December 12, 2018		
Pewaukee – WCTC Education Center 800 Main St., Pewaukee, WI 53072	December 19, 2017	January 23, 2018	March 14, 2018	May 16, 2018
	July 10, 2018	September 26, 2018	November 28, 2018	
Eau Claire – SleepInn Conference Center 5872 33 rd Ave., Eau Claire, WI 54703	December 6, 2017	February 27, 2018	April 24, 2018	June 5, 2018
	August 28, 2018	October 23, 2018	December 4, 2018	
Appleton - Fox Valley Technical College 1825 North Bluemound Dr., Appleton 54914	January 9, 2018	March 28, 2018	May 22, 2018	July 31, 2018
	September 12, 2018	November 7, 2018		

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

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: / /