

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

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING **INSTRUCTIONS FOR ELEVATOR CONTRACTOR APPLICATION**

Requirements for Credential

Per [Wis. Admin. Code § 305.9905](#), no person or entity may engage in the business or offer to engage in the business of constructing, installing, altering, servicing, replacing or maintaining conveyances unless the person or entity holds a license issued by the Department as a licensed Elevator Contractor. A person, entity or business is not required to hold a license as a licensed Elevator Contractor to service or maintain existing conveyances within facilities or properties owned by the person, entity or business.

A person who holds an Elevator Contractor license shall:

- Be responsible for the contractor's work on conveyances with respect to compliance to [Wis. Admin. Code § SPS 318](#);
- Utilize the appropriately licensed or registered individuals to construct, install, alter, service, replace or maintain conveyances;
- For any construction, installation, alteration, repair or replacement of a conveyance or conveyance component that requires a permit under [Wis. Admin. Code § SPS 318.1007](#), a licensed Elevator Contractor may not commence the work until a permit is issued for the project;
- Shall maintain their liability insurance as specified under [Wis. Stats. § 101.985\(1\)](#).

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 \$100 credential fee, based on a 2 year term from the date of issuance.
2. **Business Representative:** The person applying for an Elevator Contractor license 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. **Liability Insurance:** A person applying for an Elevator Contractor license shall provide evidence of compliance with the liability insurance requirements as specified under [Wis. Stats § 101.985\(1\)](#):
 - a. 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 \$1,000,000 per occurrence because of bodily injury to or death of others and at least \$500,000 because of damage to the property of others.

Liability insurance policies 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 elevator contractor license of a person who does not file satisfactory proof of replacement insurance or bond.

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 \$1,000,000 dollars per occurrence because of bodily injury to or death of others insurance and at least \$500,000 per occurrence because of damage to the property of others;

To confirm the license status of the insurance 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 ELEVATOR CONTRACTOR 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).

Business Name

Business FEIN

 -

Business Address (street, city, state, zip)

Business Telephone Number

 - -

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

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.

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
\$100.00 Credential Fee
\$115.00 Total Fee Attached

Reinstatement Fee (credential expired more than 2 years)
 \$15.00 Application Fee
 \$100.00 Credential Fee
\$25.00 Late Renewal Fee
\$140.00 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. certificate of liability insurance)

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.WISVET.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.

Signature: Date: / /