

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE: <https://license.wi.gov>
Email: dspscredtrades@wisconsin.gov
Website: dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING TRADES CREDENTIAL VERIFICATION REQUEST FORM

Business and health professions may use the Online License Verification System ([OLVS](#)) or Verification Request Form [3083](#). For a listing of DSPS profession types (i.e., trades, business, health, etc.), see the table at <https://dsps.wi.gov/Pages/Professions/Default.aspx>. Submission of an incorrect form will delay processing until the correct form has been received.

NOTE: This form is ONLY to be used for the building and trades professions listed below.

Automatic Fire Sprinkler Contractor	HVAC Contractor
Automatic Fire Sprinkler Contractor Maintenance	HVAC Qualifier
Automatic Fire Sprinkler Fitter, Journeyman	Journeyman Electrician
Automatic Fire Sprinkler Fitter Maintenance	Journeyman Electrician, Industrial
Automatic Fire Sprinkler System Apprentice	Journeyman Electrician, Residential
Automatic Fire Sprinkler System Tester	Journeyman Plumber
Automatic Fire Sprinkler System Tester Learner	Journeyman Plumber Restricted Appliance
Blaster, Class 1	Journeyman Plumber Restricted Service
Blaster, Class 2	Lift Apprentice
Blaster, Class 3	Lift Helper
Blaster, Class 4	Lift Mechanic
Blaster, Class 5	Liquefied Gas Supplier
Blaster, Class 6	Liquefied Gas Supplier Restricted
Blaster, Class 7	Master Electrician
Boiler-Pressure Vessel Inspector	Master Electrician, Registered
Commercial Building Inspector	Master Electrician, Residential
Commercial Electrical Inspector	Master Plumber
Commercial Plumbing Inspector	Master Plumber Restricted Appliance
Cross Connection Control Tester	Master Plumber Restricted Service
Dwelling Contractor	Pipelayer
Dwelling Contractor Qualifier	Plumbing Apprentice
Dwelling Contractor Restricted	Plumbing Learner Restricted Appliance
Electrical Apprentice	Plumbing Learner Restricted Service
Electrical Apprentice, Industrial	POWTS Inspector
Electrical Apprentice, Residential	POWTS Maintainer
Electrical Contractor	Rental Weatherization Inspector
Electrical Inspection Agency	Soil Erosion Inspector
Electrician, Registered	Soil Tester
Elevator Apprentice	UDC Construction Inspector
Elevator Apprentice Restricted	UDC Electrical Inspector
Elevator Contractor	UDC HVAC Inspector
Elevator Helper	UDC Inspection Agency
Elevator Inspector	UDC Plumbing Inspector
Elevator Mechanic	Utility Contractor
Elevator Mechanic Restricted	Welder
Fire Detection, Prevention, and Suppression Inspector	Weld Test Conductor
Fireworks Manufacturer	

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NOTE: This form is **ONLY** to be used for the building and trades professions listed on Page i. For business and health professions, use the Online License Verification System ([OLVS](#)) or Verification Request Form [3083](#).

Submit form with credit card information. Checks or money orders should be made payable to DSPS.

CUSTOMER INFORMATION

Name of Credential Holder:			
License/Customer ID #:		Telephone Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession(s):			
Entity/State Agency to Receive Verification:			
E-mail Address of Entity/State Agency:			

REQUIRED PAYMENT INFORMATION

Same as Customer Information Above ☐

Name of Card Holder:			
Cardholder's Telephone Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Cardholder's Address: (number/street)	(city)	(state)	(zip code)
		<input type="text"/> <input type="text"/>	
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: \$			\$10.00 fee for EACH verification
Credit Card Number:			Expiration Date:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



3-digit security code



4-digit security code

Security Code:

For Receipting Purposes Only

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: (If unable to provide a digital signature, please print and sign form.)	Date:
	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>