

# 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](mailto:DSpscCredTrades@wi.gov)  
**Website:** <http://dsps.wi.gov>

## **DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING** **INSTRUCTIONS FOR 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](#), a person who holds a license as a licensed Journeyman Electrician or a registration as a registered Electrical Apprentice shall perform electrical wiring activities under the general supervision of a person who holds a license as a licensed Master Electrician or a registration as a Registered Master Electrician. A person who holds a license as a licensed Journeyman Electrician or a registration as a registered Electrical Apprentice may perform electrical wiring activities under the general supervision of a person who holds a license as a licensed Residential Master Electrician provided the 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.

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

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

#### **Method 1 – WI Apprenticeship/Experience and Examination**

Completing an apprenticeship or experience and passing the Journeyman 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 \$100.00 prorated credential fee, based on a 4-year term from June 30th.
2. **Construction Apprenticeship or Experience:** A person applying for a Journeyman Electrician license examination shall have completed one of the following:
  - a. **Electrical Construction Apprenticeship:** Completed an electrical construction 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 satisfied the requirements of an electrical construction apprenticeship program in order to take the exam. 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.
  - b. **Experience:** Experience in installing, repairing, and maintaining electrical wiring during a period of at least 48 months, with at least 8,000 hours of experience over that period; OR at least 1,000 hours per year for at least five (5) 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 2,000 hours and two 2 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.
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 “Professions” and select “Journeyman Electrician, then “Exam Information”.

#### **Method 2 – Reciprocity for Applicants Holding a Current Journeyman Electrician License in Iowa or New Hampshire**

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

1. **Application and Fee:** The fee consists of a \$35.00 application fee and a \$100.00 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 Journeyman A Electrician license or a New Hampshire Journeyman Electrician license continuously for at least one year immediately prior to submitting an application in Wisconsin. Iowa applicants must have completed either an apprenticeship or the experience hours described under Method 1. New Hampshire applicants must have completed an electrical apprenticeship-schooling program with a minimum of 600 hours, 24 hours of which are safety related.
3. **Verification of Electrician Licensure:** Fill in the two (2) letter state code and your Iowa or New Hampshire license number on Page 1 under Application Fees, to facilitate verification from the relevant state licensing agency.

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## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### APPLICATION FOR 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).

<b>PLEASE TYPE OR PRINT IN INK</b>		<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).	
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Address (street, city, state, zip)</b>		<b>Daytime Telephone Number</b>	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>Social Security #</b>	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.		
<input type="text"/> - <input type="text"/> - <input type="text"/>			
<b>Have you ever held a Trades credential in WI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>			
<b>Email Address</b>			
<input 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 – WI Apprenticeship and Exam**  
\$35.00 Application Fee  
\$30.00 Exam Fee  
**\$65.00 Total Fee Attached**
- Method 2 – Reciprocity IA or NH**  
(see Prorated Credential Fee Table Below)
- State:  License #:
- Reinstatement Fee** (credential expired more than four (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** (see Page i for instruction, i.e. letter of apprenticeship completion)
- Is name on all credentials the same?** If not, list former/maiden name(s):

<b>Prorated Credential Fee Table – Method 2</b>			
<b>Select the month the application is mailed. The fee below includes both the application and credential fee.</b>			
<input type="checkbox"/> January - \$120.00	<input type="checkbox"/> February - \$117.50	<input type="checkbox"/> March - \$115.00	<input type="checkbox"/> April - \$112.50
<input type="checkbox"/> May - \$110.00	<input type="checkbox"/> June - \$107.50	<input type="checkbox"/> July - \$135.00	<input type="checkbox"/> August - \$132.50
<input type="checkbox"/> September - \$130.00	<input type="checkbox"/> October - \$127.50	<input type="checkbox"/> November - \$125.00	<input type="checkbox"/> December - \$122.50

# 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](http://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: 90%; height: 20px;" type="text"/>
□□ / □□	□□ / □□	□□□	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
□□ / □□	□□ / □□	□□□	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
□□ / □□	□□ / □□	□□□	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
□□ / □□	□□ / □□	□□□	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; 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 as [DSPSCourseApproval@wi.gov](mailto:DSPSCourseApproval@wi.gov).

Select availability: A.M. (starts at 8:00 a.m.) <input type="checkbox"/> P.M. (starts at 1:00 p.m.) <input type="checkbox"/> [If taking a 2-part plumbing exam or 5-hour exam, you will be scheduled for both the A.M. <u>and</u> the P.M. session]				
PEWAUKEE WCTC Education Center 800 Main St., Pewaukee, WI 53072	November 28, 2018	January 23, 2019	March 19, 2019	May 22, 2019
	July 24, 2019	September 11, 2019	November 13, 2019	
EAU CLAIRE SleepInn Conference Center 5872 33 <sup>rd</sup> Ave., Eau Claire, WI 54703	December 4, 2018	February 18, 2019	April 24, 2019	June 05, 2019
	August 28, 2019	October 23, 2019	December 04, 2019	
APPLETON Fox Valley Technical College 1825 N. Bluemound Dr., Appleton, WI 54914	November 07, 2018	January 10, 2019	March 27, 2019	May 29, 2019
	July 10, 2019	September 25, 2019	November 26, 2019	
MADISON Madison Crowne Plaza 4402 E. Washington Ave., Madison, WI 53704	December 12, 2018	February 06, 2019	April 10, 2019	June 26, 2019
	August 13, 2019	October 09, 2019	December 18, 2019	

# Wisconsin Department of Safety and Professional Services

**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:  /  /