

Business Credential Application

Safety and Buildings Division P.O. Box 7082 Madison WI 53707-7082

Phone (608) 261-8500 TDD #: (608) 264-8777 7:45 a.m. - 4:30 p.m. www.commerce.state.wi.us

THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU:

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable:
- C. Attach the specified fee; and
- D. Attach documents, if specified on this application.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Instructions: Please print clearly. **Be certain to sign and date the application**. The contact person for a business credential must be the owner of the business, a partner applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of a corporation. The business FEIN number or contact person social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the contact person swears that all information provided on this application is true and accurate, and that the credential requirements are met. Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes, and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats, however they may not be disclosed to anyone except other State of Wisconsin governmental agencies.

Date (mo/day/yr)	Contact Person's Title
Contact P	erson Information
	s Social Security No:
Contact Person's	s Name (First, Middle and Last):
Address No. & S	Street, or P.O. Box:
City, Town or V	illage, State, Zip + 4 Code:
Country, If Othe	r Than United States:
Telephone No. (i	include area code):
If Available, Fax	No. (include area code):
	Contact P Contact Person's Contact Person's Address No. & S City, Town or V Country, If Othe Telephone No. (s)

HEATING, VENTILATING, AIR CONDITIONING CONTRACTOR REGISTRATION

Application and Credential Fee (non-refundable): \$60.00 class code 7644

Make checks payable to: "Safety and Buildings Division." The credential will be in effect for two years from date of issuance. Applications may be mailed to the address above right, or hand delivered to 201 W. Washington Ave, fourth floor, Madison, between the hours of 7:45 a.m. and 4:30 p.m., Monday through Friday.

Reason for Registration: Pursuant to ss. 101.177(2) and (3)(a) and 101.178(2), Stats., unless the person, entity or business holds a credential issued by the department as a registered HVAC contractor, no person, entity or business may engage or offer to engage in the following activities:

- Installing heating, ventilating or air conditioning equipment:
- Servicing heating, ventilating or air conditioning equipment or systems for facilities or properties not owned by the person or entity; or
- Installing or servicing refrigeration equipment that would release or may release ozone-depleting refrigerant or sell for reuse used ozone-depleting refrigerant from refrigerant equipment.

A person, entity or business is not required to hold a credential as a registered HVAC contractor to service existing heating, ventilating or air conditioning equipment or systems within facilities or properties owned by the person or entity. A person, entity or business is not required to hold a credential as a registered HBAC contractor for electrical or plumbing work associated with the installation or servicing of HVAC equipment or systems. Note: Plumbing work associated with the installation or servicing of HVAC equipment or systems may necessitate a plumbing license. Electrical work associated with the installation or servicing of HVAC equipment or systems may necessitate under local ordinance an electrical certification.