



# 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.

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Contact Person's Signature
Date (mo/day/yr)
Contact Person's Title

Business Information
Federal Employer Identification Number (FEIN):
Business Name:
No. & Street, or P.O. Box:
City, Town or Village, State, Zip + 4 Code:
Country, If Other Than United States:
Business Telephone No. (include area code):
If Available, Business Fax No. (include area code):

Contact Person Information
Contact Person's Social Security No:
Contact Person's Name (First, Middle and Last):
Address No. & Street, or P.O. Box:
City, Town or Village, State, Zip + 4 Code:
Country, If Other Than United States:
Telephone No. (include area code):
If Available, Fax No. (include area code):

## DWELLING CONTRACTOR FINANCIAL RESPONSIBILITY CERTIFICATION

**(Financial responsibility by a Certificate of Insurance for at least \$250,000 or a bond of at least \$25,000)**

**Application and Credential Fee (non-refundable): \$40.00** class code 7655

Make checks payable to: "Safety and Buildings Division." The credential will be in effect for one year 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.

**Requirements of Dwelling Contractor Financial Responsibility Certification:** A certified dwelling contractor must comply with 1) liability insurance requirements specified in s. 10 1.654 (2), Stats.; 2) unemployment compensation requirements; and 3) worker's compensation requirements as outlined below.

**Liability Insurance Requirements:** Worker's Compensation and liability insurance policies must provide that the policy may not be canceled by the person insured under the policy by the insurer or surety company except on ' )O days written notice served on the department in person or by certified mail. The person insured under the policy shall file with the department proof of replacement insurance within the 30-day notice period and before the expiration of the policy. The department may suspend without prior notice or hearing the certificate of financial responsibility of a person who does not file satisfactory proof of replacement insurance or bond. **COMPLY with either a) Liability Insurance OR b) Bond Requirements below if applicable:**

**Liability Insurance:** 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 \$250,000 per occurrence because of bodily injury to or death of others or because of damage to the property of others.

**A COPY OF THE INSURANCE CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION. DO NOT** have your insurance company forward a copy directly to us. (However, we **do** require any future notice of cancellation of your insurance coverage **must be** mailed directly to us by your insurer.)

**YOUR INSURANCE CERTIFICATE MUST BE ATTACHED AND INDICATE THE FOLLOWING:**

1. The certificate Holder is: **DEPARTMENT OF COMMERCE, SAFETY & BUILDINGS, PO BOX 7082, MADISON, WI 53707-7082.** (NOTE: *the certificate holder information is usually located in the lower left hand corner on the certificate*);
2. The company/person is insured for at least \$250,000 dollars per occurrence of general liability insurance; and
3. The insured is the business listed on the application.

**Bond:** If the business chooses to have in force a bond, endorsed by a surety company authorized to do business in Wisconsin, of at least \$25,000, conditioned upon the business complying with all applicable provisions of the one- and two-family dwelling code and any ordinance enacted under s. 101.654 (1)(a), Stats., and as indemnity for any loss sustained by any person because of any violation by the business of that dwelling code or ordinance, the bond shall be executed in the name of the state for the benefit of any person who sustains a loss as described in the preceding sentence. If the applicant wishes to utilize a bond of less than \$25,000, then you need to call the credentialing Unit at 608-261-8500 and request a Dwelling Contractor Financial Responsibility Certification - Restricted application. **ATTACH A COPY OF THE BOND.**

**Unemployment Compensation Requirements:** By signing this form, the applicant is attesting that the business is making contributions or paying taxes required as Wisconsin unemployment compensation contributions under ch. 108, Stats., or federal unemployment compensation taxes under 26 USC 3301 to 331 1. If unsure whether unemployment compensation contributions/taxes are required for the business, call Unemployment Compensation Division @ (608) 266-3114 or (608) 266-7959.

**Worker's Compensation Requirements:** By signing this form the applicant is attesting that the business, if required under s. 102.28 (2), Stats., has in force a policy of worker's compensation insurance issued by an insurer authorized to do business in Wisconsin or is self-insured in accordance with s. 102.28 (2),Stats. If unsure whether worker's compensation insurance or self insurance for worker's compensation is required for the business, call Worker's Compensation Division @ (608) 266-1340.

**Reason for Certification:** Municipalities may not issue Uniform Dwelling Code (UDC) building permits, for construction and erosion control categories, to contractors which do not have a valid state financial responsibility certification or financial responsibility certification - restricted. Construction categories cover masonry, roofing, siding and insulation. Contractors taking out electrical, plumbing or HVAC permits are not required to have a Dwelling Contractor Financial Responsibility Certification or Dwelling Contractor Financial Responsibility Certification - Restricted. Owners taking out building permits are not required to have a Dwelling Contractor Financial Responsibility Certification or Dwelling Contractor Financial Responsibility Certification - Restricted. This certification applies to all one- and two-family dwellings. Dwelling Contractor Financial Responsibility Certification or Dwelling Contractor Financial Responsibility Certification - Restricted means that the contractor complies with the minimum requirements for worker's compensation, unemployment compensation and liability insurance or bond. This certification does not address competency of the contractor.