

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS & LAND SURVEYORS

DESIGNER SECTION

VERIFICATION OF MASTER PLUMBER LICENSE

Name _____ Date of Birth _____
(Type or print name)
Address _____ MP License # _____
City _____ State _____ Zip Code _____

- A. The individual named under Section I is licensed as a Master Plumber in the State of Wisconsin and the following information is as shown in our records.
- B. Licensed on _____ and issued License # _____
(date)
- C. License is current and will expire on _____, unless renewed.
- D. Was formal disciplinary action ever taken against the above named individual?
 Yes No If yes, please give details on reverse side.
- E. License was granted on the basis of:
 Written Examination _____ hours.
 Oral Examination _____ hours.
 Examination of Qualifications - Education and Experience.
- F. If Master Plumber's license is restricted, please provide details:

COMPLETED BY _____
TITLE _____
DATE _____

AGENCY SEAL