Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INTERIOR DESIGNER REGISTRATION APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Daytime Telephone Number
_____ month _____ day _____ year	( ) _____ - _____

Ethnic/gender status information is optional.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

APPLICATION FEES **Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application.)**

☐ $ 53.00

☐ $ 56.00 by reciprocity

For Office Use Only	
License #	Date Granted

For Receipting Use Only

#2219 (Rev. 4/03)
Ch. 457, Stats.

Committed to Equal Opportunity in Employment and Licensing

State of Wisconsin Department of Regulation & Licensing

LISTED BELOW ARE 3 SEPARATE "TRACKS" BY WHICH YOU MAY QUALIFY FOR A CREDENTIAL. CHECK THE BOX IN FRONT OF THE "TRACK" UNDER WHICH YOU WISH TO QUALIFY FOR A CREDENTIAL. Your application will not be considered complete until all of the documents have been received by the Department.

TRACK 1

☐ **REGISTRATION BASED ON DEGREE PROGRAMS, EXPERIENCE AND EXAMS**

Applicant must meet requirements under 1, 2, 3, and 4. Complete the sections on the following pages relating to education, exams, experience and references and attach required copies as stated in those sections.

1. ☐ I have satisfied **ONE** of the following, as indicated:
   - ☐ I have graduated from a 5-year interior design or architecture program, and I have had at least 1 year of practical experience in interior design.
   - ☐ I have graduated from a 4-year interior design or architecture program, and I have had at least 2 years of practical experience in interior design.
   - ☐ I have completed at least 3 years of an interior design program, and I have had at least 3 years of practical experience in interior design.
   - ☐ I have graduated from a 2-year interior design program, and I have had at least 4 years of practical experience in interior design.
2. ☐ I have passed the interior design examination administered by the National Council for Interior Design Qualification (NCIDQ).

   OR

   ☐ I have passed the interior design examination administered by the Council for Qualification of Residential Interior Designers (CQRID).
3. ☐ I have passed the building and barrier-free codes section of the NCIDQ examination administered in 1990 or later.
4. ☐ I have provided the names of five references, three of whom have personal knowledge of my interior design experience.

TRACK 2

☐ **REGISTRATION BASED ON REGISTRATION AS AN ARCHITECT**

Applicant must meet requirements under 1, 2, and 3. Complete the sections on the following pages relating to education and experience and attach copy of transcript(s)

1. ☐ I hold a credential as a registered architect in Wisconsin.
2. ☐ I have graduated from a 4-year architecture program.
3. ☐ I have had at least 6 years of experience in interior design.

TRACK 3

☐ **REGISTRATION BASED ON RECIPROCITY**

Applicant must enclose the following (do not complete the sections on education, examination, experience or references):

1. ☐ I have enclosed a certificate of licensure or a letter from the proper authority in any state or U.S. territory or in any country in which the requirements for registration of interior designers are of a standard not lower than those specified in Chapter 440, Subchapter IX, Wis. Stats., showing that I have an unexpired certificate of similar registration issued to me by that licensing authority.

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EDUCATION (Attach a copy of official transcript(s), if required by the track you chose.)

NAME OF INSTITUTION: _____

LOCATION OF INSTITUTION: _____

DATES OF ATTENDANCE _____

DEGREE AWARDED _____ MAJOR: _____ DATE: _____

EXAMINATION(S) PASSED (Attach a copy of the exam score report, if required by the track you chose.)

NAME OF EXAM	ENTITY WHICH ADMINISTERED EXAM	DATE PASSED EXAM

DEFINITION OF "INTERIOR DESIGN"

"Interior design" means the design of interior spaces in conformity with public health, safety and welfare requirements, including the preparation of documents relating to space planning, finish materials, furnishings, fixtures and equipment and the preparation of documents relating to interior construction that does not substantially affect the mechanical or structural systems of a building. "Interior design" does not include services that constitute the practice of architecture or the practice of professional engineering.

INTERIOR DESIGN EXPERIENCE (NOTE: The experience you list must have consisted of your personal performance of tasks listed in the definition of "interior design" above.

NAME OF EMPLOYER	JOB TITLE	EMPLOYMENT DATES BEGIN	EMPLOYMENT DATES END	AVERAGE HRS PER WK

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REFERENCES (Complete this section only if applying under Track 1 or 2.)

NAME	ADDRESS	OCCUPATION

MARK AN X IN THE APPROPRIATE BOX. If you answer **Yes** to any question, give all details on a separate sheet.

		YES	NO
a.	Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? If YES, complete and attach Form #2252.	☐	☐
b.	Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the agency.	☐	☐
c.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	☐	☐
d.	Is disciplinary action pending against you in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.	☐	☐
e.	Have any suits or claims ever been filed against you as a result of professional services? If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.	☐	☐
f.	Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? _____ And if in another name, what name? _____	☐	☐

IS THE NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT A COPY OF A MARRIAGE CERTIFICATE, DIVORCE DECREE, OR SIMILAR DOCUMENT

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APPLICANT MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC

I state that I am the person referred to in this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for conviction of a crime and revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws and rules of the Department of Regulation and Licensing will be cause for disciplinary action.

_____
Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20_____, by _____
(Applicant name)

_____
Signature of Notary Public

S E A L

_____
Date Commission Expires

RENEWAL INFORMATION

All registrations expire on August 1 of even-numbered years. Renewal notices are mailed in July of even-numbered years.

If an application is received by the Department after July 1 of even-numbered years, the license is issued through the next biennium and a renewal fee is not required.

If a registration is issued after January 1 of even-numbered years, the registrant is not required to comply with the continuing education requirement of 9 hours to renew by August 1 of even-numbered years.

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ADDENDUM TO APPLICATION

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

_____

First Name Middle Initial Last Name

_____

Profession

Date of Birth _____ _____ _____

month day year

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

[1] Section 440.03 (11m), Wis. Stats.
[2] Sections 49.22, and 440.13, Wis. Stats.
[3] Section 440.12, Wis. Stats.
[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.