



Request for Electrical Inspection, Training, or Plan Review

Mail to: Industry Services Division
Electrical Safety
PO Box 7162
Madison, WI 53707-7162

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 5.04(1)(m), Stats.]

This form may be utilized to request electrical plan review, inspection or training. The area inspector must be contacted prior to completion of this form to check on availability and scheduling of inspections. [Electrical Inspectors Map](#)

All requests may not be honored due to prioritization of workload.

Requested: Plan Review Inspection Training

DSPS Use Only:

Transaction ID: _____

Assigned To: _____

Bill to: Customer 1 2 3

Required Information - Customer to supply all information if a service inspection is requested

Electrical Service
Service Ampere Rating- _____-amperes
Service Voltage Rating- _____-volts
Available Fault Current- _____kA (Contact Utility for this value)
 single-phase three-phase
Type: Underground [UG] Overhead[OH]
 Pole-Top[PT] Fire Pump

Occupancy Type
Major Use – Check Use with the Greatest Floor Area
 A Assembly
 B Business/Office
 E Educational
 F Factory/Industrial
 H Hazardous
 I Institutional/Daycare/CBRF
 M Mercantile/Retail
 R Residential
 S Storage
 U Utility/Misc/ including Agricultural

Additional Non-Accessory Occupancies – Circle All that Apply)
A1 A2 A3 A4 A5
B
E
F1 F2
H1 H2 H3 H4 H5
I1 I2 I3 I4
M
R1 R2 R3 R4
S1 S2
U

Owner Information (Customer 1)

First Name: _____ Last Name: _____ Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip+4 (9 digits) _____

Phone Number (area code) _____ Fax _____ E-mail _____

Project Information – Fill in all known information

Project/Site Name _____

County where project located: _____

Number & Street: _____

City Village Town of _____

Zip code _____

Tenant name or building designation _____

Contact Name _____

Contact Telephone Number (Area Code) _____

Installer Information (Customer 2)

First Name: _____ Last Name: _____ Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip+4 (9 digits) _____

Phone Number (area code) _____ Fax _____ E-mail _____

Contractor Registration # _____ (required)

Master Electrician License # _____ (required)

Utility or Other (Customer 3)

First Name: _____ Last Name: _____ Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip+4 (9 digits) _____

Phone Number (area code) _____ Fax _____ E-mail _____

Application may be faxed to 608-283-7418 or emailed to dspssbelectricapplication@wi.gov

Please provide a complete description of the work you are requesting.