State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison, WI 53707

Pump Installer Personal License Exam Application
Form 3400-843 (R 10/26)

NOTICE: The Department may take up to 10 business days from date of receipt to review and process application forms per NR114, Wis Adm. Code. Personally identifiable information will be used for program administration and made accessible to requesters under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.]. No personally identifiable information that is confidential is provided to requesters.

1) Print clearly or type exam applicant information in Section 1. **Fields in Section 1 that are bolded and underlined are required.** Name must exactly match photo ID for admission, fees are nonrefundable.

First Name:	**MI:**	**Last Name:**	**Mailing Address:**		
Work Phone:	**Email:**		**City:**	**State:**	**Zip:**
Cell / Home Phone	**Business/Company Name (if any):**	Pump Installer Business Registration:		**Employment Start Date:**	

2) Mark "X" next to the requested test site, date, and time. Exam sessions are 3 hours long.

☐ Wisconsin Dells	1/06/2027	9am	☐ Wisconsin Dells	1/06/2027	1pm
☐ Rice Lake	1/20/2027	9am	☐ Rice Lake	1/20/2027	1pm
☐ Green Bay	1/21/2027	9am	☐ Green Bay	1/21/2027	1pm
☐ Rhinelander	2/16/2027	9am	☐ Rhinelander	2/16/2027	1pm
☐ Plover	2/17/2027	9am	☐ Plover	2/17/2027	1pm
☐ Lake Geneva	2/24/2027	9am	☐ Lake Geneva	2/24/2027	1pm
☐ La Crosse	3/23/2027	9am	☐ La Crosse	3/23/2027	1pm
☐ Madison	3/30/2027	9am	☐ Madison	3/30/2027	1pm
☐ Rice Lake	5/25/2027	9am	☐ Rice Lake	5/25/2027	1pm
☐ Green Bay	5/26/2027	9am	☐ Green Bay	5/26/2027	1pm
☐ Fennimore	5/27/2027	9am	☐ Fennimore	5/27/2027	1pm
☐ Madison	7/14/2027	9am	☐ Madison	7/14/2027	1pm
☐ Rhinelander	8/17/2027	9am	☐ Rhinelander	8/17/2027	1pm
☐ Plover	8/18/2027	9am	☐ Plover	8/18/2027	1pm
☐ Milwaukee	8/19/2027	9am	☐ Milwaukee	8/19/2027	1pm
☐ Wisconsin Dells	10/05/2027	9am	☐ Wisconsin Dells	10/05/2027	1pm
☐ Plover	10/12/2027	9am	☐ Plover	10/12/2027	1pm
☐ Rice Lake	11/09/2027	9am	☐ Rice Lake	11/09/2027	1pm
☐ Green Bay	11/10/2027	9am	☐ Green Bay	11/10/2027	1pm
☐ Madison	11/11/2027	9am	☐ Madison	11/11/2027	1pm

Please continue filling out exam application information on pages 2 and 3.

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3) Mark "X" next to the exam you are requesting approval for.

☐	Pump Installer License	$25

4) List the Exam Application Fee for the requested exam. Please submit a check, money order, or cash for the total amount with this completed application.

Total Amount Due: ☐

5) Mail completed application with correct payment to:

Make check payable to: Wisconsin DNR.
Exam application fees are non-refundable.

DEPARTMENT OF NATURAL RESOURCES
OPERATOR CERTIFICATION - EA
PO BOX 7921
MADISON, WI 53707-7921

Exam applications must be postmarked no later than four weeks prior to the requested exam date.
You will receive a confirmation letter with exact location of exam site after your registration is processed.

An exam reference material booklet containing NR 146, 811, and 812 will be provided for you by the department on the day of your exam. The only reference material allowed during the exam are these department-provided materials.

Study guides are available upon request by emailing DNRDGLicensing@wisconsin.gov.

For questions please contact the Operator Certification Hotline at 608-261-6300 or by email at DNROpCert@Wisconsin.gov.

State of Wisconsin
Department of Natural Resources (DNR)
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Social Security Number / FEIN Collection Request

Form 9400-568 (R 5/14)

Notice: Individuals are required to provide a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) to be used as specified below.

1. **Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:**
   - Under § 29.024(2g)(a)Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
   - Under § 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals

2. **Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:**
   - Under §§ 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
   - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

Purpose: The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

For copies of the State Statutes, contact the Legislative Reference Bureau.
- Visit their internet site at http://legis.wi.gov/lrb or
- If you do not have internet access, call (608) 266-0341.

Instructions

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and ***Social Security Number (SSN)*** if your application is for any personal license, permit, registration or certification.
- Your name, phone number, address and ***Federal Employer Identification Number (FEIN)*** if your application is for any ***business*** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

NOTE: If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

Applicant Information

Last Name	First	MI	Telephone Number	SSN For Individual

Business	Business Telephone Number	FEIN For Business
		NA

Address	City	State	ZIP Code

Certification

I certify that information provided on the form is true and correct.

Applicant Signature	Date Signed

Leave Blank – DNR Use Only	
License, Registration, Certification or Permit Type	License, Registration, Certification or Permit Number