

Notice: Pursuant to s. NR, 29.04(1)(d), Wis. Adm. Code, information requested in this form is required for the Department of Natural Resources (DNR) Endangered Resources (ER) Review Program to evaluate your request to become a Certified ER Reviewer. Failure to provide complete and accurate information may delay processing of the request and/or result in denial of the request. Personal information collected will be used for administrative purposes and may also be made available to requesters under Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).

Instructions: Prior to completing this form, review the "[Endangered Resources Certification Program Guidelines \(PDF 251KB\)](#)" to become familiar with the ER Certification Program. Submit the **required documentation of education, training, and work experience along with this completed application** (see the Guidelines for more information) by: mail to the address above with attention to the Certification Coordinators; by fax (608-266-2925); or by email to DNRERRReview@wisconsin.gov. Allow up to two weeks for your materials to be reviewed. The ER Certification Coordinator will contact you regarding the status of your request.

Section 1: Contact Information

The individual requesting certification should complete the following section with his or her contact information.

Name		Organization or Agency Name		
Street Address		City	State	Zip Code
Telephone Number	Fax Number	Email Address		

Section 2: NHI Data Permissions

Do you or your organization currently have a valid NHI Data License or Sublicense that allows you to access NHI data? See the NHI data sharing [webpage](#) for more information on NHI data sharing. Please note that when you become certified you or your organization will need a NHI Data License. This service is not automatically included with becoming certified.

- Yes. I or my organization currently have an NHI Data License or Sublicense.
 - o NHI Data License or Sublicense Number: _____
 - o Expiration Date: _____

- No. I or my organization are not currently covered by an NHI Data License or Sublicense.

Section 3: Data Use

Have you watched the online "Introductory NHI Training" videos before?

- Yes.
- No.

Have you accessed and used the NHI Portal before?

- Yes.
 No.

What is the relationship between you or your organization and the property/ies for which you will be writing proposed ER Reviews?
Check one or more boxes as appropriate.

- Owner of the property/ies.
- Authorized representative of the owner(s) of the property/ies. Explain:
- Utility representative of the property/ies. Explain:
- Other party with express permission from the landowner(s) to receive detailed NHI data. Explain:
- Public entity whose mission includes working in the public interest. Explain:
- Other. Explain:

Describe the geographic area(s) for which you will be writing proposed ER Reviews.

Does your proposed use of detailed NHI data involve distribution or presentation to any parties *within* your organization other than those who are Certified ER Reviewers or Authorized NHI Data Users? (If yes, these parties must be informed of and directed to comply with the conditions of the NHI Data License, Certification Program, and products such as printouts, maps and tables developed for internal use that contain detailed NHI data must include a clearly visible confidentiality notice.)

- Yes. Describe how and to whom detailed NHI data will be distributed or presented:
- No.

Does your proposed use of detailed NHI data involve distribution or presentation to anyone *outside* your organization not including individual private landowners? (If yes, the data must be generalized as outlined in the “*Endangered Resources Certification Program Guidelines*.”)

Yes. Describe how and to whom *generalized* NHI data will be distributed or presented:

No.

Section 4: Fees and Materials

Review the fee schedule for certification in the “*Endangered Resources Certification Program Guidelines*”:

I have enclosed the \$140 application fee with submission of this form.

I have enclosed the additional materials as described in the “*Endangered Resources Certification Program Guidelines*”.

Section 5: Requester Certification

By my signature below, I certify that I am the person making this request and that to the best of my knowledge, the information stated above is complete and accurate. I understand that completion and submission of this form is merely a request for certification and does not in any way guarantee it.

Requester Signature

Date Signed

Requester Name (please print)

Section 6: FOR DNR USE ONLY

Application form complete

All required documentation received

Fee received

Requester eligible? Y / N

Final determination on Certification Request authorized by:

Signature for the Bureau of Endangered Resources

Date