

Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

Return completed application to:

Wisconsin Department of Natural Resources
Bureau of Natural Heritage Conservation, ER Review Program
PO Box 7921
Madison, WI 53707-7921
dnr.wi.gov/topic/ERReview/

Endangered Resources Certification Application

Form 1700-071 (2/12)

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 [ER Certification Program](#) 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; or by email to DNRRERreview@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
Phone Number (inc. area code)	Fax Number	E-mail 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 has an NHI Data License or Sublicense
 - NHI Data License or Sublicense Number _____
 - 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 all that apply)

- 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:

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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 If 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

I certify that I am the person making this request and that to the best of my knowledge, the above information is true, accurate and complete.

Requester Signature	Date Signed	Requester Name (please print)
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FOR DNR USE ONLY

Application form Complete

All required documentation received

Fee Received

Requester Eligible?

Yes

No

Final determination on Certification Request authorized by:

Signature for the Bureau of Natural Heritage Conservation

Date