

**1997-98 SESSION
COMMITTEE HEARING
RECORDS**

Committee Name:

*Joint Committee for
Review of
Administrative Rules
(JCR-AR)*

Sample:

- Record of Comm. Proceedings
- 97hrAC-EdR_RCP_pt01a
- 97hrAC-EdR_RCP_pt01b
- 97hrAC-EdR_RCP_pt02

- Appointments ... Appt
-
- Clearinghouse Rules ... CRule
-
- Committee Hearings ... CH
-
- Committee Reports ... CR
-
- Executive Sessions ... ES
- 97hr_JCR-AR_ES_pt10c
-
- Hearing Records ... HR
-
- Miscellaneous ... Misc
-
- Record of Comm. Proceedings ... RCP
-

October 16, 1997
JCRAR Executive Session



SAFETY AND BUILDINGS DIVISION
201 East Washington Avenue
P. O. Box 7969
Madison, Wisconsin 53707

Tommy G. Thompson, Governor
William J. McCoshen, Secretary

October 3, 1997

OCT 03 1997

The Honorable Richard Grobschmidt
State Senator
Joint Committee for Review of
Administrative Rules
Room 404, 100 N. Hamilton Street
Madison, Wisconsin 53702

The Honorable Glenn Grothman
State Representative
Joint Committee for Review of
Administrative Rules
Room 125 West, State Capitol
Madison, Wisconsin 53702

Dear Senator Grobschmidt and Representative Grothman:

Pursuant to section 227.24 (2), Stats., the Department requests an extension of its emergency rule relating to the inspection of elevators and mechanical lifting devices. Chapters Comm 2, 5 and 18 relating to fees, credentialing and inspection of elevators are affected.

The Department inspects both new and existing elevator installations. Due to the increased number of elevators and mechanical lifting devices installed in new construction, the Department has been unable to keep up with all of its required inspections. The purpose of the emergency rule is to permit persons with proof of certification as an American Society of Mechanical Engineers (ASME) QEI-1 inspector to perform inspections for the Department. The Department is in the process of promulgating a permanent rule to reflect the emergency rule. A public hearing on the rule was held on July 29, 1997.

The emergency rule is due to expire on October 30, 1997. A 60-day extension of the emergency rule is needed in order to allow time to continue the rule promulgation procedure.

The Department believes an extension of the emergency rule is necessary to protect the safety of the general public and employees using elevators and mechanical lifting devices in public buildings and places of employment.

Sincerely,

for William J. McCoshen
Secretary

Department of Commerce

Emergency Rule for Inspection of Elevators and Mechanical Lifting Devices

Finding of Emergency

The Department of Commerce finds that an emergency exists and that a rule is necessary for the immediate preservation of the public peace, health, safety and welfare. A statement of the facts constituting the emergency is:

The Department inspects elevators and mechanical lifting devices to ensure these units are installed and operating in accordance with the elevator safety rules. The Department is required to inspect both new and existing elevator installations. Due to the increased number of elevators and mechanical lifting devices installed in new construction, the Department has not been able to keep up with all of its required inspections. To ensure that the citizens of Wisconsin are safe when using elevators and other mechanical lifting devices, the Department must increase the number of people performing these safety inspections.

The Department rules relating to fees, certification, and inspection procedures are being modified to permit additional individuals to perform inspections of elevators and other mechanical lifting devices. The Department proposes to fund additional inspections by amending its fees to match Department expenses. Plan review and certificate of operation fees would be lowered. Inspection fees would be raised.

To protect the public safety, these rules are adopted as emergency rules to take effect on June 1, 1997.

Dated at Madison, Wisconsin
this 29th day of April, A. D. 1997
Department of Commerce
Thomas H. Taylor Deputy Secretary
William J. McCosken, Secretary

FISCAL ESTIMATE WORKSHEET
 Detailed Estimate of Annual Fiscal Effect
 DOA-2047(R02/97)

ORIGINAL
 CORRECTED

UPDATED
 SUPPLEMENTAL

LRB or Bill No./Adm. Rule No. chs. Comm 2, 5 and 18
 Amendment No.

Subject
 Inspection of elevators and mechanical lifting devices

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):
 Purchasing IT equipment for each position at \$5,000 each = \$35,000

II. Annualized Costs:		Annualized Fiscal impact on State funds from:	
		Increased Costs	Decreased Costs
A. State Costs By Category		\$ 381,100	\$ -
State Operations - Salaries and Fringes			
(FTE Position Changes)		(8 FTE)	(- FTE)
State Operations - Other Costs		157,000	-
Local Assistance			-
Aids to Individuals or Organizations			-
TOTAL State Costs By Category		\$ 538,100	\$ -
B. State Costs By Source of Funds		Increased Costs	Decreased Costs
GPR		\$	\$ -
FED			-
PRO/PRS		\$538,100	-
SEG/SEG-S			-
III. State Revenues- Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		Increased Rev.	Decreased Rev.
GPR Taxes		\$	\$ -
GPR Earned			-
FED			-
PRO/PRS		\$520,200	-
SEG/SEG-S			-
TOTAL State Revenues		\$ 520,200	\$ -

NET ANNUALIZED FISCAL IMPACT

	<u>STATE</u>	<u>LOCAL</u>
NET CHANGE IN COSTS	\$ 538,100	\$ _____
NET CHANGE IN REVENUES	\$ 520,200	\$ _____

Agency/Prepared by: (Name & Phone No.)
 DOC/Diane Meredith/266-8982

Authorized Signature/Telephone No.

Thomas H. Taylor Deputy Secretary
 266-3203

Date

April 29, 1997

FISCAL ESTIMATE
DOA-2048 (R02/97)

ORIGINAL
 CORRECTED

UPDATED
 SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.
chs. Comm 2, 5 and 18
Amendment No. if Applicable

Subject
Inspection of elevators and mechanical lifting devices

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation

Increase Existing Appropriation
 Decrease Existing Appropriation
 Create New Appropriation

Increase Existing Revenues
 Decrease Existing Revenues

Increase Costs - May be Possible to Absorb Within Agency's Budget Yes No

Decrease Costs

Local: No local government costs

1. Increase Costs
 Permissive Mandatory

2. Decrease Costs
 Permissive Mandatory

3. Increase Revenues
 Permissive Mandatory

4. Decrease Revenues
 Permissive Mandatory

5. Types of Local Governmental Units Affected:

Towns Villages Cities
 Counties Others _____
 School Districts WTCS Districts

Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations

s. 20.143 (3) (j), Stats.

Assumptions Used in Arriving at Fiscal Estimate

The Division of Safety and Buildings has a backlog in elevator inspections of 7,490. New elevators continue to be installed at the rate of about 600 per year. Inspecting a new elevator takes from two to three times longer than an annual inspection. Assuming that 1.0 FTE inspector can manage about 900 elevators and few elevators are decommissioned, the additional units translate into an 0.67 FTE workload increase annually. Due to the increased complexity of elevator installations, the elevator inspection staff have been spending much of their time inspecting new elevators, while not conducting annual inspections, which results in a greater backlog. There are approximately 13,500 elevators that are required to be inspected annually. In FY '96, 6,000 elevators were inspected. The number of elevators inspected in FY '96 was low due to the extended illness of an employe and two unfilled vacancies.

The Division currently has 80 inspectors and 11 staff people providing support functions for its various inspection programs. The Department proposes to increase its fees to fund 7 additional inspectors to perform annual elevator inspections and 1 additional program support position. The projected annual cost for the 8 additional FTEs will be \$538,100.

The elevator inspection revenue for FY '96 was \$352,500 for 9 FTE elevator inspector positions. With the proposed changes, the projected revenue for 16 FTE elevator inspector positions and the additional program support position will be \$872,700, an increase of \$520,200 over FY '96.

Long-Range Fiscal Implications
None

Agency/Prepared by: (Name & Phone No.)
DOC/Diane Meredith/266-8982

Authorized Signature/Telephone No.

Thomas H. Taylor, Deputy Secretary
266-3203

Date

April 29, 1997

The Wisconsin Department of Commerce proposes an order to amend s. Comm 5.06 (1) Table 5.06 line 36; to repeal and recreate ss. Comm 2.15, Comm 5.64 (1), Comm 5.64 (3), Comm 18.10 (1) (a) and Comm 18.48; and to create s. Comm 5.64 (6) (c), relating to the inspection of elevators and mechanical lifting devices.

* * * * *

ANALYSIS OF PROPOSED RULES

Statutory Authority: ss. 101.02, 101.12 and 101.17
Statutes Interpreted: ss. 101.02, 101.12 and 101.17

The purpose of chapter Comm 18, Elevator Code, is to protect the safety of the general public and employes using elevators and other mechanical lifting devices in public buildings and places of employment.

The following proposed changes are necessary to ensure that elevators and mechanical lifting devices are installed in accordance with the elevator code and are safe for people to use.

1. Amend chapters Comm 5, Credentials Code, and Comm 18, Elevator Code, to allow a person with proof of certification as an American Society of Mechanical Engineers (ASME) Qualified Elevator Inspector.

2. Amend fees as specified in chapter Comm 2, Fee Schedule, to match Department expenses. Plan review fees and certificate of operation fees specified in chapter Comm 2 will be reduced. Inspection fees will be raised.

Due to the increased number of elevators and mechanical lifting devices installed in new construction, the Department has not been able to keep up with all of its required inspections. To ensure that the citizens of Wisconsin are safe when using elevators and other mechanical lifting devices, the Department is adopting these rules as emergency rules to take effect on June 1, 1997.

SECTION 1. Comm 2.15 is repealed and recreated to read:

Comm 2.15 ELEVATORS, POWER DUMBWAITERS, ESCALATORS, MOVING WALKS AND RAMPS, LIFTS FOR ACCESSIBILITY AND MATERIAL LIFTS. (1) PLAN EXAMINATION, APPLICATION AND INSPECTION FEES. Fees for the initial inspection and for the examination of plans or for an application for installation or alteration, or both, submitted in accordance with the requirements of ch. Comm 18, shall be determined in accordance with Table 2.15-1. Reinspection fees shall be charged for each inspection conducted until the elevator can be certified.

Table 2.15-1

Type of Unit or Number of Landings	Plan Examination Fee	Reinspection Fee
0-4 landings	\$275	\$150
5-10 landings	\$300	\$200
11 or more landings	\$350	\$250
Remodeled elevators or escalators	\$200	\$150
Escalators	\$250	\$150

(2) INSPECTION FEES. Fees for periodic inspections and reinspections of all classes of elevators and lifting devices within the scope of ch. Comm 18 shall be determined in accordance with Table 2.15-2. Each reinspection of an elevator shall be charged an inspection fee in accordance with Table 2.15-2 until the elevator can be certified.

Table 2.15-2

Type of Unit or Number of Landings	Inspection Fee
0-4 landings	\$55
5-10 landings	\$85
11 or more landings	\$115
Escalators	\$115

(3) CERTIFICATES OF OPERATION. The department shall issue a certificate of operation for each elevator upon receipt of the inspection report indicating the elevator satisfies the minimum operating standards specified in ch. Comm 18. The fee per certificate shall be \$20.00.

SECTION 2. Table 5.06, line 36 is amended to read:

Table 5.06 CREDENTIAL EXPIRATIONS				
	Credential Category	Term	Expiration Date	Continuing Education Cycle
36.	Elevator Inspector	2 years	December 31	NA September 30

SECTION 3. Comm 5.64 (1) is repealed and recreated to read:

Comm 5.64 (1) GENERAL. No person, as an authorized representative of the department, may provide inspection required under ch. Comm 18 unless the person holds a credential issued by the department as a certified elevator inspector.

SECTION 4. Comm 5.64 (3) is repealed and recreated to read:

Comm 5.64 (3) EXAMINATION. A person may obtain a credential as a certified elevator inspector by either one of the following:

(a) Taking and passing an examination in accordance with s. Comm 5.09.

(b) Providing proof the person is currently certified as a QEI-1 elevator inspector under the American Society of Mechanical Engineers (ASME) A17.1 Standard as adopted in ch. Comm 18.

SECTION 5. Comm 5.64 (6) (c) is created to read:

Comm 5.64 (6) (c) 1. The renewal of a certification as an elevator inspector which has an expiration date after December 31, 1999 shall be contingent upon the elevator inspector obtaining at least 12 hours of acceptable continuing education within the time period specified in s. Comm 5.08 and Table 5.06, except as provided in subd. 2.

2. A person who holds a credential as a certified elevator inspector may apply to the department for waiver of the continuing education requirements under subd. 1. on the grounds of prolonged illness or disability or similar circumstances. Each application for waiver shall be considered individually on its merits by the department.

SECTION 6. Comm 18.10 (1) (a) is repealed and recreated to read:

Comm 18.10 (1) NEW INSTALLATIONS. (a) General requirements. 1. New elevator installations shall be tested and inspected by a staff person of the department or an authorized representative of the department who holds a valid credential issued under s. Comm 5.64.

2. Certified elevator inspectors shall determine whether or not the elevator installations conform to the conditionally approved plans and the provisions of this chapter.

3. The elevator installations may not be placed into service until a certified inspector determines the installation substantially conforms to this chapter.

Note: Tests and inspections are specified in ASME A17.1 Part 10, subject to the changes, additions and omissions specified in subch. III.

SECTION 7. Comm 18.48 is repealed and recreated to read:

Comm 18.48 PERSONS AUTHORIZED TO MAKE INSPECTIONS AND TESTS. (1) GENERAL. [A17.1 1000.1] Substitute the following wording for A17.1 1000.1: Elevator inspectors shall be certified in accordance with s. Comm 5.64.

(2) [A17.1 1000.1b] PERIODIC INSPECTION AND TESTS. Substitute the following wording for A17.1 1000.1b: Periodic inspections and tests shall be performed by a staff person of the department or an authorized representative of the department who holds a credential issued under s. Comm 5.64. The department may require witnessing of inspections and tests or retests.

(END)

* * * * *

EFFECTIVE DATE

Pursuant to s. 227.24 (1) (c), Stats., these rules shall take effect on June 1, 1997.

* * * * *

Senate/Assembly

EXECUTIVE SESSIONS

Joint committee for review of Administrative Rules

The committee will hold an Executive session on the following items at the time specified below:

Thursday, October 16, 1997
10 AM
Hearing Room 1, Lower level
119 Martin Luther King, Jr., Blvd.
Madison, WI

DWD 272.14

Emergency rule relating to the displacement of employes and the minimum wage. Submitted by the Department of Workforce Development

DOC 304

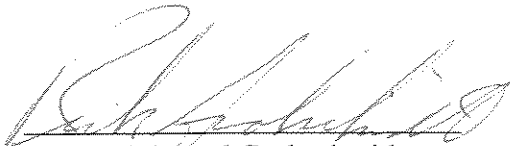
Emergency relating to secure work crews. Submitted by the Department of Corrections.

DOC 322

Emergency rule relating to registration and community notification of sex offenders. Submitted by the Department of Corrections.

Comm 2,5 and 18

Emergency rule relating to fees, credentialing and inspection of elevators. Submitted by the Department of Commerce.



Senator Richard Grobschmidt
Senate Co-Chair



Representative Glenn Grothman
Assembly Co-Chair

Committee Meeting Attendance Sheet
Joint Committee for Review of Administrative Rules

Date 10/16/97 Meeting Type Executive Session
 Location LL Hearing Rm 1 119 MLK

COMMITTEE MEMBER	PRESENT	ABSENT	EXCUSED
1. Senator GROBSCHMIDT	X		
2. Senator POTTER	X		
3. Senator WIRCH			X
4. Senator WELCH	X		
5. Senator SCHULTZ	X		
6. Representative GROTHMAN	X		
7. Representative GUNDERSON	X		
8. Representative SERATTI			X
9. Representative YOUNG			X
10. Representative KREUSER	X		
Totals	7		3

s:\comclerk\attend

John Sumi
 John Sumi / Steve Krieser, Committee Clerk

SENATOR RICHARD GROBSCHMIDT
CO-CHAIRMAN

ROOM 404 • 100 NORTH HAMILTON
MADISON, WI 53707
(608) 266-7505



REPRESENTATIVE GLENN GROTHMAN
CO-CHAIRMAN

ROOM 125 WEST • STATE CAPITOL
MADISON, WI 53702
(608) 264-8486

October 20, 1997

**JOINT COMMITTEE FOR
REVIEW OF ADMINISTRATIVE RULES**

Michael J. Sullivan, Secretary
Department of Corrections
P.O. Box 7925
Madison, WI 53707-7925

Dear Secretary Sullivan:

We are writing to inform you that the Joint Committee for Review of Administrative Rules met in executive session on October 16, 1997 and adopted the following motions:

"Moved by Senator Welch and seconded by Senator Potter that the JCRAR extend the effective date of the emergency rule of the Department of Corrections relating to sex offender registration for a period of 60 days."

and,

"Moved by Senator Welch and seconded by Senator Potter that the JCRAR extend the effective date of the emergency rule of the Department of Corrections relating to secure work crews for a period of 60 days."

Both motions carried by a vote of eight in favor, none against, and two members absent.

Pursuant to s. 227.24(2)(c), we are notifying the Secretary of State, and the Revisor of Statutes, of the committee's action through copies of this letter.

Sincerely,


RICHARD GROBSCHMIDT
Senate Co-Chair


GLENN GROTHMAN
Assembly Co-Chair

RG:GSG:js

cc: Secretary of State La Follette
Gary Poulson, Asst. Revisor of Statutes

SENATOR RICHARD GROBSCHMIDT
CO-CHAIRMAN

ROOM 404 • 100 NORTH HAMILTON
MADISON, WI 53707
(608) 266-7505



REPRESENTATIVE GLENN GROTHMAN
CO-CHAIRMAN

ROOM 125 WEST • STATE CAPITOL
MADISON, WI 53702
(608) 264-8486

October 20, 1997

**JOINT COMMITTEE FOR
REVIEW OF ADMINISTRATIVE RULES**

Linda Stewart, Secretary
Department of Workforce Development
Room 400X
201 E. Washington Avenue
Madison, WI 53702

Dear Secretary Stewart:

We are writing to inform you that the Joint Committee for Review of Administrative Rules met in executive session on October 16, 1997 and adopted the following motion:

"Moved by Senator Potter and seconded by Senator Welch that the JCRAR extend the effective date of the emergency rule of the Department of Workforce Development relating to the displacement of employees and the minimum wage for a period of 60 days."

The motion carried by a vote of seven in favor, one against, and two members absent.

Pursuant to s. 227.24(2)(c), we are notifying the Secretary of State, and the Revisor of Statutes, of the committee's action through copies of this letter.

Sincerely,


RICHARD GROBSCHMIDT
Senate Co-Chair


GLENN GROTHMAN
Assembly Co-Chair

RG:GSG:js

cc: Secretary of State La Follette
Gary Poulson, Asst. Revisor of Statutes

SENATOR RICHARD GROBSCHMIDT
CO-CHAIRMAN



REPRESENTATIVE GLENN GROTHMAN
CO-CHAIRMAN

Room 404 • Hamilton
Madison, WI 53707
Phone: 608-266-7505

Room 125 West, • State Capitol
Madison, WI 53703
Phone: 608-264-8486

October 20, 1997

**JOINT COMMITTEE FOR
REVIEW OF ADMINISTRATIVE RULES**

William McCoshen, Secretary
Department of Commerce
201 W. Washington Avenue
Madison, WI 53702

Dear Secretary McCoshen:

We are writing to inform you that the Joint Committee for Review of Administrative Rules met in executive session on October 16, 1997 and considered the following motion

“Moved by Senator Grobschmidt and seconded by Senator Schultz that the JCRAR extend the effective date of the emergency rule of the Department of Commerce relating to fees, credentialing and inspection of elevators and mechanical lifting devices for a period of 30 days.”

The motion failed by a vote of five against, three in favor, and two members absent.

Pursuant to s. 227.24(2)(c), we are notifying the Secretary of State, and the Revisor of Statutes, of the committee's action through copies of this letter.

Sincerely,


RICHARD GROBSCHMIDT
Senate Co-Chair


GLENN GROTHMAN
Assembly Co-Chair

RG:GSG:js

cc: Secretary of State La Follette
Gary Poulson, Asst. Revisor of Statutes

OCT 24 1997

October 22, 1997

The Honorable Fred A. Risser
State Senator
President of the Senate
Room 235 South, State Capitol
Madison, Wisconsin

The Honorable Ben Brancel
State Representative
Speaker of the Assembly
Room 211 West, State Capitol
Madison, Wisconsin

Dear Senator Risser and Representative Brancel:

The Department of Commerce requests the substitution of the enclosed updated Fiscal Estimate for the original estimate submitted on October 14, 1997 with the administrative rule changes to Comm 2, 5 and 18, Clearinghouse Rule #97-096 relating to the inspection of elevators and mechanical lifting devices. The Department's Safety and Buildings Division administers these rules.

When the original estimate was prepared in April, the Department believed it would be required to collect revenue generated by the proposed fees and pay the private elevator inspection agents for any services they provided. Since that time, it has been determined that these inspection agents may perform inspections, charge elevator owners the prescribed fees and collect the payments directly.

The rule package increases inspection fees while it decreases the fees for elevator plan review and certificates of operation. The Safety and Buildings Division staff will review elevator plans and collect the prescribed fee. They will also issue all certificates of operation and collect the annual fee. Staff of the Division of Safety and Buildings and municipal and private inspectors will provide elevator inspection services.

Sincerely,



For William J. McCoshen
Secretary

cc. Senator Gwendolynne Moore, Senate Committee on Economic Development, Housing and Government Operations
Representative Lorraine Seratti, Assembly Committee on Small Business and Economic Development

LRB or Bill No./Adm. Rule No.

Comm 2, 5 and 18

Amendment No. if Applicable

- ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

FISCAL ESTIMATE
 DOA-2048 N(R10/94)

Subject
 Inspection of elevators and mechanical lifting devices

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation
 or affects a sum sufficient appropriation.

Increase Costs - May be possible to Absorb
 Within Agency's Budget Yes No

- Increase Existing Appropriation Increase Existing Revenues
 Decrease Existing Appropriation Decrease Existing Revenues
 Create New Appropriation

Decrease Costs

Local: No local government costs

- | | | |
|--|--|--|
| 1. <input checked="" type="checkbox"/> Increase Costs
<input type="checkbox"/> Permissive <input checked="" type="checkbox"/> Mandatory
2. <input type="checkbox"/> Decrease Costs
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory | 3. <input checked="" type="checkbox"/> Increase Revenues
<input checked="" type="checkbox"/> Permissive <input type="checkbox"/> Mandatory
4. <input type="checkbox"/> Decrease Revenues
<input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory | 5. Types of Local Governmental Units Affected:
<input checked="" type="checkbox"/> Towns <input checked="" type="checkbox"/> Villages <input checked="" type="checkbox"/> Cities
<input checked="" type="checkbox"/> Counties <input type="checkbox"/> Others _____
<input checked="" type="checkbox"/> School Districts <input checked="" type="checkbox"/> WTCS Districts |
|--|--|--|

Fund Sources Affected

- GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations

s. 20.143 (3) (j), Stats.

Assumptions Used in Arriving at Fiscal Estimate

Under s. Comm. 18.12(1) Wis. Admin. Code, elevators and lifts cannot be operated until units have had an annual inspection and owners have been issued certificates of operation. Wisconsin currently has 17,100 registered elevators. The City of Milwaukee administers plan review, inspection and certificates of operation for the 3,300 elevators and lifts located in Milwaukee. The Division of Safety & Buildings must inspect all elevators not inspected by municipal and private inspectors. A separate fee is charged for plan review, inspection and the certificate of operation.

The Division of Safety and Buildings has a backlog of 7,000 elevator inspections. New elevators continue to be installed at the rate of about 600 per year. Inspecting a new elevator takes from two to three times longer than an annual inspection. Assuming that 1.0 FTE inspector can manage about 900 elevators, the additional 600 units translate into a .67 FTE workload increase annually.

Due to the increased complexity of elevator installations, the existing elevator inspection staff have been spending much of their time inspecting new elevators, while not conducting annual inspections. thus increasing the magnitude of the backlog.

The proposed changes to chs. Comm 2, 5 and 18 are intended to reduce the inspection backlog by removing impediments for municipal and private inspectors. First, under the proposed rules, fees for inspection, plan review and certificates of operation services have been adjusted to reflect the cost of providing each service individually. Inspection fees would be increased, while plan review and certificate of operation fees would be decreased.

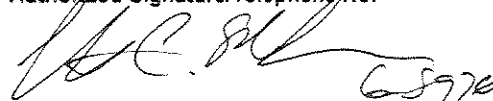
(Continued on Page 2)

Long-Range Fiscal Implications

None

Agency/Prepared by: (Name & Phone No.)
Robert DuPont (608) 266-8984
 Dept. of Commerce

Authorized Signature/Telephone No.


 65976

Date

10/24/97

Assumptions Used in Arriving at Fiscal Estimate (continued)

In the past, inspection fees were set at levels that did not cover the cost of inspection services. Department fees for plan review and certificates of operation were set at levels that would allow underwriting of the elevator inspection services provided by the department.

The department's underwriting of its inspection services using plan review and certificate of operation fees had the effect of discouraging municipal and private inspectors because those inspectors could not "compete" with the artificially low inspection fees charged by the department.

With inspection fees set at a level that covers inspection expenses, the department expects an increase in the number of municipal and private inspections.

Second, in order to expand the pool of available inspectors, the proposed rule will allow persons certified in accordance with national standards to qualify for certification in Wisconsin without further examination.

Together, these changes are expected to result in an influx of both municipal and private inspectors into the elevator inspection program to conduct annual inspections. In addition, on July 11, 1997, the Joint Committee on Finance approved 2.0 FTE additional elevator inspection positions starting October 1, 1997. Additional spending authority of \$98,100 for FY'98 and 117,500 for FY'99 was also approved.

With the old fees and service levels, annualized revenues are approximately \$785,600. With the proposed fees and expected service levels, annualized revenues are estimated at \$1,058,400 (See Annualized Revenue Comparison below.) The increase in department revenue of 272,800 will be used to cover expenditures for the 2.0 FTE additional elevator inspection positions previously authorized by the Joint Committee on Finance, and will be used to correct the historic overall revenue deficiency in the elevator program. (The elevator program has had a deficit in nine out of the last eleven years. Commercial building plan review fees have historically covered this deficit.)

Annualized Revenue Comparison

Old Fees and Service Levels

	<u># Units</u>		<u>Avg. Fee</u>	<u>S&B Revenue</u>
Dept. inspections Per year (9 FTE x 755 per year)	6,800	X	42	285,600
Dept. plan reviews per year	600	X	550	330,000
Certificates of operation	6,800	X	25	<u>170,000</u> 785,600

Proposed Fees and Expected Service Levels

	<u># Units</u>		<u>Avg. Fee</u>	<u>S&B Revenue</u>	<u>Municipal and Private Inspector Revenue</u>
Dept. inspections Per year (11 FTE x 900 per year)	9,900	X	62	613,800	
Municipal and private inspections per year	3,900	X	62		241,800
Dept. plan reviews per year	600	X	281	168,600	
Certificates of operation	13,800	X	20	<u>276,000</u> 1,058,400	
Net increase in Dept. revenue				272,800	

FISCAL ESTIMATE WORKSHEET

1997 Session

Detailed Estimate of Annual Fiscal Effect
DOA-2047 (R10/94)

ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.
Chapters Comm 2, 5, and 18

Amendment No.


Subject
Inspection of elevators and mechanical lifting devices

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):

II. Annualized Costs:		Annualized Fiscal impact on State funds from:	
A. State Costs by Category		Increased Costs	Decreased Costs
State Operations - Salaries and Fringes			\$ -
(FTE Position Changes)			-
State Operations - Other Costs			-
Local Assistance			-
Aids to Individuals or Organizations			-
TOTAL State Costs by Category			\$ -
B. State Costs by Source of Funds		Increased Costs	Decreased Costs
GPR		\$	\$ -
FED			-
PRO/PRS			-
SEG/SEG-S			-
III. State Revenues -		Increased Rev.	Decreased Rev.
Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		\$	\$ -
GPR Taxes			-
GPR Earned			-
FED			-
PRO/PRS		272,800	-
SEG/SEG-S			-
TOTAL State Revenues		\$ 272,800	\$ -

NET ANNUALIZED FISCAL IMPACT

	<u>STATE</u>	<u>LOCAL</u>
NET CHANGE IN COSTS	\$ 0	\$
NET CHANGE IN REVENUES	\$ 272,800	\$

Agency/Prepared by: (Name & Phone No.) Robert DuPont (608) 266-8984 Dept. of Commerce	Authorized Signature/Telephone No.  6-8976	Date 10/24/97
--	--	------------------

PROPOSED ORDER
OF
DEPARTMENT OF CORRECTIONS
PROMULGATING RULES

Under the authority vested in the Department of Corrections by s. 227.11 (2), 301.45 (8), and 301.46 (8), Stats., the Department of Corrections hereby creates DOC ch. 332, relating to registration and community notification of sex offenders.

Statutory authority: s. 301.45 (8), 301.46 (8), and 227.11(2), Stats.
Statutes interpreted: s. 301.45 (1) through (9), and 301.46 (1) through (9), Stats.

Analysis by the Department of Corrections

These rules are pursuant to recently enacted legislation, s. 301.45 and 301.46, Stats., relating to sex offender registration and access to information concerning sex offenders. These rules require that sex offenders register information with the sex offender registry at regular intervals, update information, and verify the accuracy of information. These rules specify the type of information that must be provided and the methods of registration, updating and verification.

These rules identify how the department of corrections will maintain the sex offender registry and under what circumstances information in the registry can be expunged. These rules require supervising agencies to notify offenders of the registration requirement, but alert offenders that failure to receive notice is not a defense to any penalty for failure to register. In addition to criminal penalties for failure to register provided at s. 301.45 (6), Stats., these rules provide that for offenders on supervision failure to register is a violation of that supervision. These rules direct the department to notify district attorneys of any intentional failure to provide registry information.

These rules allow access to registry information by law enforcement. In addition, victims, community entities, and the general public are allowed various levels of access to registry information. These rules clarify that access by entities, victims, and the general public to selected information contained in the sex offender registry is available upon request and when identifying information concerning a particular offender is supplied by the requester.

SECTION 1. Chapter DOC 332 is created to read: SEX OFFENDER
REGISTRATION AND COMMUNITY NOTIFICATION REQUIREMENTS

DOC 332.01 APPLICABILITY. This chapter interprets s. 301.45, and 301.46, Stats.

DOC 332.02 DEFINITIONS. Unless otherwise indicated in this chapter:

(1) "Agency with jurisdiction" has the meaning given at s. 301.46 (1), Stats.

(2) "Department" means the department of corrections.

DOC 332.03 PERSONS REQUIRED TO REGISTER. Any person meeting the reporting prerequisites specified at s. 301.45 (1), Stats., shall register with the department of corrections sex offender registry.

DOC 332.04 MAINTENANCE OF REGISTRY. (1) The department shall maintain a registry of all persons subject to registration requirements.

(2) Persons subject to registration shall complete, sign, and submit a form designated by the department that requires:

(a) All of the information specified at s. 301.45 (2) (a), Stats., and;

(b) Any other information that the department deems necessary to aid law enforcement or furthers the interests of public protection. Information under this paragraph shall only be made available to the department and law enforcement.

(3) The department shall expunge registry information concerning any person when the department receives either:

(a) The information specified at s. 301.45 (7), Stats., or;

(b) A death certificate from the Bureau of Vital Statistics concerning the person registered.

(4) The department may request the assistance of any county, circuit court, the department of health and family services, the department of transportation, or the department of workforce development in obtaining registry information.

DOC 332.05 REGISTRATION TIMELINES. When a person subject to registration is on supervision the supervising department or agency shall provide all of the information required under s. DOC 332.04 (2), to the department of corrections in accordance with s. 301.45 (2) (e), Stats.

DOC 332.06 REGISTRATION FREQUENCY, DURATION, VERIFICATION, AND UPDATING. (1) Persons subject to registration shall continue to provide information annually or at 90 day intervals as required by s. 301.45 (3), Stats., on the designated department form until released from the registration obligation as provided at s. 301.45 (5), Stats.

(2) Persons shall update information in accordance with the following:

(a) Unless par. (b) applies, whenever information required by DOC 332.04 (2), changes the person shall notify the department of the change within 10 days by registering the change with the department's 1-888 telephonic registration system or by completing, signing, and submitting the designated DOC form.

(b) Persons on supervision to the department shall provide advance written notification to the department of any changes in employment, residence, school enrollment and vehicle information or in the case of emergency within 72 hours of the change by contacting the supervising agent.

(3) A person who is subject to registration and who is moving from this state to another state must comply with s. 301.45 (4m), Stats.

(4) Persons subject to registration who receive any notice from the department requesting verification of registry information shall verify the accuracy of registry information and provide any updated information within 10 days of the receipt of the notice by signing and returning a confirmation receipt and designated form to the department.

(5) Failure to receive notice of registration requirements under sub.(5) is not a defense to liability under s. 301.45 (6), Stats.

(6) In addition to penalties provided at s. 301.45 (6), Stats., failure to comply with registration requirements, including but not limited to signing the registration form, verifying information, updating information, or providing true and accurate information when the person is on probation, parole, supervised release, conditional discharge, or aftercare supervision is a violation of that supervision.

(7) The department shall notify the district attorney in the county where the offender resides of any intentional non-compliance with the obligation to register, update registry information or verify registry information.

DOC 332.07 ACCESS TO REGISTRY BY LAW ENFORCEMENT. (1) The department shall allow access to registry information to law enforcement agencies in accordance with s. 301.46 (2), Stats.

(2) In addition to the information provided to law enforcement agencies under sub. (1) the department may provide law enforcement with any other information concerning persons subject to registration.

DOC 332.08 BULLETINS TO LAW ENFORCEMENT. (1) The agency with jurisdiction shall provide bulletins to law enforcement agencies in accordance with s. 301.46 (2m), Stats.

DOC 332.09 NOTIFICATION OF VICTIMS. (1) In this subsection:

(a) "Member of the family" has the meaning given at s. 301.46 (3) (a) 1., Stats.

(b) "Victim" has the meaning given at s. 301.46 (3) (a) 2., Stats.

(2) Victims and family members may request information concerning persons registered by either:

(a) Obtaining a victim identification number and contacting the department's 1-800 telephone information system or;

(b) Completing and submitting to the department the form designated to request written notifications.

DOC 332.10 ACCESS TO REGISTRY BY COMMUNITY ENTITIES. (1) The department shall provide access to community entities specified at s. 301.46 (4) (a), Stats., that request information about a specific person registered under s. DOC 332.04. Entities requesting information under this par. shall be provided information when the entity does all of the following:

(a) Submits a request to the department's 1-800 telephonic information access system.

(b) Specifies by name the person about whom information is requested and;

(c) Provides the date of birth, and either the social security number or drivers license number of the person about whom information is requested.

(2) A neighborhood watch program authorized under s. 60.23(17m), Stats., or by the law enforcement agency of a city or village may request the names and information concerning all persons registered under this chapter who reside, are employed or attend school in the entity's community, district, jurisdiction or other geographical area of activity. Requests for information under this subsection shall be in writing on the form designated by the department.

(3) In response to a request under sub. (1) or (2), the department shall provide all of the information specified at 301.46 (4) (b), Stats.

(4) Information provided by the department under this section shall not include any information specified at s. 301.46 (4) (ag), Stats.

DOC 332.11 ACCESS TO REGISTRY BY GENERAL PUBLIC. (1) The department may in the interest of public protection provide information to a person not provided access to registry information under other sections when the person requests information and when the person does all of the following:

(a) Submits a request to the department's 1-800 telephonic information access system or files a written request for information on the form designated by the department.

(b) Specifies by name the person about whom information is requested and;

(c) Provides the date of birth, and either the social security number or drivers license number of the person about whom information is requested.

(2) When the department grants access to information in response to a request under sub. (1), all of the information specified at s. 301.46 (5) (b), Stats., shall be provided:

(3) In response to a request under sub. (1), the department shall not provide any information specified at 301.46 (5) (c), Stats.

DOC 332.12 MISUSE OF REGISTRY INFORMATION. Persons who commit crimes using information that is disclosed under the provisions of this chapter are subject to the penalty provided for the crime committed and any increased penalty provided under s. 939.646, Stats.

DOC 332.13 PERIOD OF ACCESS TO REGISTRY. (1) Except as provided in sub. (2), the department shall provide access to registry information only during the period of time in which the person is required to register.

(2) The department may provide registry access to law enforcement agencies regardless of whether the person is still subject to registration requirements.

FISCAL ESTIMATE

A copy of the fiscal estimate is attached.

Dated: _____ Agency: _____
MICHAEL J. SULLIVAN, Secretary
Department of Corrections

Chapter DOC 332

APPENDIX

Note DOC 332.04. The registration form required by subsection (2) is DOC-1759. This form can be obtained by writing to: Wisconsin Department of Corrections-Sex Offender Registry Program, P.O. Box 7925, Madison, WI 53707-7925 or by contacting the nearest Division of Community Corrections field office.

Note DOC 332.06 The Registration form required by subsection (1), paragraph (a), is DOC-1796. This form can be obtained by writing to: Wisconsin Department of Corrections-Sex Offender Registry Program, P.O. Box 7925, Madison, WI 53707-7925.

The telephonic registration number referred to in subsection (2) is subject to change by the telephone service provider, but as of August 1, 1997 the number is 1-888-963-3363.

The registration form required by subsection (2) is DOC-1796-A. This form can be obtained by writing to: Wisconsin Department of Corrections-Sex Offender Registry Program, P.O. Box 7925, Madison, WI 53707-7925.

Note DOC 332.09 The victim identification number referred to in subsection (2) paragraph (a) can be obtained by contacting the department's victim witness coordinator in any district attorneys' office or the department's victim advocate. The 1-800 telephonic number referred to in this paragraph is subject to change by the telephone service provider, but as of August 1, 1997 was 1-800-398-2403.

When a person obtains a victim identification number additional information concerning the offender is available through the telephonic system that s. 301.46 (3), Stats., allows to be made available only to victims and law enforcement.

The form required by subsection (2), paragraph (b), to request written notifications is found in pamphlet DOC-20. This pamphlet can be obtained by writing to: Wisconsin Department of Corrections-Sex Offender Registry Program, P.O. Box 7925, Madison, WI 53707-7925, or by contacting the victim witness coordinator in any district attorney's office.

Note DOC 332.10 The 1-800 telephonic information system referred to in subsection (1) paragraph (a) is subject to change by the telephone service provider, but as of August 1, 1997, was 1-800-398-2403.

The form required by subsection (2) for neighborhood watch programs to obtain geographical information is DOC-1815. This form can be obtained by writing to: Wisconsin Department of Corrections-Sex Offender Registry Program, P.O. Box 7925, Madison, WI 53707-7925.

Note DOC 332.11 The telephonic information system number referred to in subsection (1), paragraph (a), is subject to change by the telephone service provider, but as of August 1, 1997 was 1-800-398-2403. More information concerning the department's telephonic information system can be obtained by requesting pamphlet DOC-22.

The form required by subsection (1), paragraph (a) is DOC-1814, which can be obtained by contacting: Wisconsin Department of Corrections-Sex Offender Registry Program, P.O. Box 7925, Madison, WI 53707-7925.

FISCAL ESTIMATE
DOA-2048 N(R10/94)

- ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

Subject

Relating to Implementation of Sex Offender Registration and Community Notification

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

- Increase Existing Appropriation Increase Existing Revenues
 Decrease Existing Appropriation Decrease Existing Revenues
 Create New Appropriation

- Increase Costs - May be possible to Absorb Within Agency's Budget Yes No
 Decrease Costs

Local: No local government costs

- | | | |
|---|---|--|
| <p>1. <input type="checkbox"/> Increase Costs
 <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory</p> <p>2. <input type="checkbox"/> Decrease Costs
 <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory</p> | <p>3. <input type="checkbox"/> Increase Revenues
 <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory</p> <p>4. <input type="checkbox"/> Decrease Revenues
 <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory</p> | <p>5. Types of Local Governmental Units Affected:
<input type="checkbox"/> Towns <input type="checkbox"/> Villages <input type="checkbox"/> Cities
<input type="checkbox"/> Counties <input type="checkbox"/> Others _____
<input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts</p> |
|---|---|--|

Fund Sources Affected

- GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations

Assumptions Used in Arriving at Fiscal Estimate

The creation of Adm. Rule DOC 332 relates to registration and community notification.

The Legislature directed the Department of Corrections to implement a sex offender registry, notify sex offenders of registration procedures, and inform law enforcement, victims and the public of the right to access information. The Department is required to implement these programs by June 1, 1997.

This Administrative Rule should not have a Departmental fiscal effect separate from the statutory effect.

Long-Range Fiscal Implications

Agency/Prepared by: (Name & Phone No.)
Department of Corrections
C. Halpin 267-0934

Authorized Signature/Telephone No.
Robert Margolies
Robert Margolies/266-2931

Date
May 22, 1997

SEX OFFENDER REGISTRATION FORM

SORP OFFICE USE ONLY	DATE RECEIVED	PERIOD OF REGISTRATION Start Date: ___/___/___ End Date: ___/___/___		OR	<input type="checkbox"/> LIFE	
REGISTRANT INFORMATION	REGISTRANT NAME Last First Middle			ALIAS(S)		
	DOC #	SID # (NCIC)	SOCIAL SECURITY #	DATE OF BIRTH	COUNTY/STATE/COUNTRY OF BIRTH	
	SEX	RACE	HEIGHT	WEIGHT	HAIR	
				Partial Balding <input type="checkbox"/> Yes <input type="checkbox"/> No	EYES	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	GLASSES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contacts	
FACIAL HAIR <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mustache <input type="checkbox"/> Beard						
SCARS / MARKS / TATOOS (Describe)						
OFFENSE REQUIRING REGISTRATION			STATUTE	COUNTY	STATE	
RESIDENCE	STREET ADDRESS (PO box addresses are not acceptable)			APT #	CITY	
				COUNTY		
	STATE	ZIP CODE	RESIDENCE TELEPHONE NUMBER ()		TREATMENT FACILITY <input type="checkbox"/> Yes <input type="checkbox"/> No	
	TYPE OF RESIDENCE <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		IF TEMPORARY, ANTICIPATED PERMANENT STREET ADDRESS / CITY / COUNTY / STATE / ZIP CODE			
	EMERGENCY CONTACT ADDRESS			CONTACT NAME	RELATIONSHIP	TELEPHONE NUMBER ()
	<i>For Interstate Cases</i> STATE RECEIVED FROM		DATE ENTERED WISCONSIN	STATE SENT TO	DATE MOVED FROM WISCONSIN	
EMPLOYMENT	EMPLOYMENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed			DATE OF EMPLOYMENT	DATE OF ADDITIONAL EMPLOYMENT (If Applicable)	
	EMPLOYER NAME			EMPLOYER STREET ADDRESS		
	CITY	COUNTY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ()	
	DUTIES					
	ADDITIONAL EMPLOYER (If more than one source of employment)			EMPLOYER STREET ADDRESS		
	CITY	COUNTY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ()	
SCHOOL	TYPE OF ENROLLMENT <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No Enrollment			DATE OF ENROLLMENT	ANTICIPATED DATE OF COMPLETION	
	SCHOOL NAME			SCHOOL STREET ADDRESS		
	CITY	COUNTY	STATE	ZIP CODE	SCHOOL TELEPHONE NUMBER ()	
VEHICLE	<input checked="" type="checkbox"/> All that Apply <input type="checkbox"/> Owns Vehicle <input type="checkbox"/> Uses Vehicle <input type="checkbox"/> Does Not Drive			DRIVER'S LICENSE NUMBER		ISSUING STATE
	<input type="checkbox"/> Owns <input type="checkbox"/> Uses	LICENSE PLATE #	ISSUING STATE	VEHICLE YEAR	MAKE	MODEL
	<input type="checkbox"/> Owns <input type="checkbox"/> Uses	LICENSE PLATE #	ISSUING STATE	VEHICLE YEAR	MAKE	MODEL
	<input type="checkbox"/> Owns <input type="checkbox"/> Uses	LICENSE PLATE #	ISSUING STATE	VEHICLE YEAR	MAKE	MODEL

I have been notified of my duty to register in accordance with Wisconsin Statute 301.45. I have read the requirements as indicated on the reverse side of this form. I understand that I am legally required to supply this information, and that failure to comply, or providing false information, may be cause for revocation and/or further criminal prosecution. I understand that this information will be used for law enforcement purposes, and other purposes established by law.

REGISTRANT SIGNATURE

DATE SIGNED

SEX OFFENDER REGISTRATION FORM

Part 2

DATE RECEIVED	PERIOD OF REGISTRATION Start Date: ___/___/___ End Date: ___/___/___	OR	<input type="checkbox"/> LIFE
---------------	---	----	-------------------------------

REGISTRANT NAME Last	First	Middle	ALIAS(S)
DOC #	SID # (NCIC)	SOCIAL SECURITY #	DATE OF BIRTH
COUNTY/STATE/COUNTRY OF BIRTH			

This information to be completed by the individual who is informing the registrant of the requirements of the program. Not to be provided to the registrant.

CASE TYPE <input type="checkbox"/> Active Supervision <input type="checkbox"/> Discharge from Supervision <input type="checkbox"/> Incarceration / Confinement	2 STRIKE CASE <input type="checkbox"/> Yes <input type="checkbox"/> No IF A JUVENILE, SENTENCE TYPE <input type="checkbox"/> Ajudication (Record Sealed) <input type="checkbox"/> Conviction (+Waiver to Adult)	TYPE OF REGISTRATION (✓ ONLY ONE) <input type="checkbox"/> Probation <input type="checkbox"/> Interstate Compact - Receiving <input type="checkbox"/> Parole - Discretionary <input type="checkbox"/> Mental Health Commitment - DHFS <input type="checkbox"/> Parole - Mandatory Release <input type="checkbox"/> Chapter 980 Commitment - DHFS <input type="checkbox"/> County Supervision <input type="checkbox"/> Release to Detainer <input type="checkbox"/> Interstate Compact - Sending <input type="checkbox"/> Expiration from Sentence/Commitment
FACE-TO-FACE REGISTRATION WITH LAW ENFORCEMENT - BOTH POLICE DEPARTMENT & COUNTY SHERIFF (✓ all that apply) <input type="checkbox"/> Completed <input type="checkbox"/> Scheduled <input type="checkbox"/> In Supervision Rules		DNA SAMPLE <input type="checkbox"/> Taken <input type="checkbox"/> Not Required
REGISTRATION REQUIRED <input type="checkbox"/> By Conviction <input type="checkbox"/> By Court Order		

AGE OF VICTIM (✓ all that apply) <input type="checkbox"/> 0 - 6 <input type="checkbox"/> 7 - 11 <input type="checkbox"/> 12 - 15 <input type="checkbox"/> 16 - 17 <input type="checkbox"/> Adult	SEX OF VICTIM (✓ all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Female
RELATIONSHIP TO VICTIM (✓ all that apply) <input type="checkbox"/> Household / Family Member / Relative <input type="checkbox"/> Acquaintance <input type="checkbox"/> Professional (Therapist, Teacher...) <input type="checkbox"/> Stranger	TYPE OF SEXUAL CONTACT (✓ all that apply) <input type="checkbox"/> Hands-Off <input type="checkbox"/> Sexual Touching <input type="checkbox"/> Penetration (Oral, Vaginal) <input type="checkbox"/> Anal Penetration / Insert Object
METHOD OF FORCE (✓ all that apply) <input type="checkbox"/> Verbal Coercion and/or Threats (Manipulation, Degradation) <input type="checkbox"/> Excessive Physical Force for Gratification <input type="checkbox"/> Incapacitation, Suffocation <input type="checkbox"/> Hands on Force (Holding Down, Pushing) <input type="checkbox"/> Use of Rope, Tie Material <input type="checkbox"/> Mutilation, Death <input type="checkbox"/> Physical Injury (Hitting, Bruises, Contusions) <input type="checkbox"/> Use of a Weapon (Knife, Gun)	

Yes or No, Describe all "Yes" Answers

COMMITTED SEXUAL CRIME WITH ACCOMPLICE
 Yes No

USED DISGUISE IN COMMISSION OF SEX CRIME
 Yes No

TARGETED DISABLED, AGED, VULNERABLE
 Yes No

TARGETED PROSTITUTES
 Yes No

ENGAGED IN STALKING-TYPE BEHAVIOR
 Yes No

ENGAGED IN PERSONAL AND/OR HOME INTRUSION CRIMES (Disorderly Conduct, Trespassing, Burglary)
 Yes No

ENGAGED IN IMPERSONATING A POLICE OFFICER
 Yes No

USED CAMERA, PHOTO EQUIPMENT, VIDEO IN COMMISSION OF SEX CRIME
 Yes No

USED COMPUTER IN COMMISSION OF SEX CRIME
 Yes No

USED VEHICLE IN COMMISSION OF SEX CRIME
 Yes No

I have explained to the registrant his/her duty to register, registration requirements, requirements regarding changes, and the penalties for failure to comply or providing false information, in accordance with Wisconsin Statute 301.45. I have informed the registrant that this information will be used for law enforcement purposes, and other purposes established by law.

SIGNATURE OF PERSON COMPLETING FORM	AGENT # / LOCATION	PHONE NUMBER	DATE SIGNED

REQUEST FOR REGISTRY INFORMATION Neighborhood Watch Programs

PERSON REQUESTING REGISTRY INFORMATION

REQUESTER NAME Last First PHONE NUMBER ()

NAME OF WATCH PROGRAM YOU ARE REPRESENTING

REQUESTER STREET ADDRESS (PO box addresses are not acceptable) APT #

CITY COUNTY STATE ZIP CODE

Pursuant to Wisconsin Statutes 301.46(4)(a)(11) and (ar), this written request is for information from the Sex Offender Registry on the persons within a specified geographic area. The DOC Sex Offender Registry Program (SORP) can only provide information to a neighborhood watch program following verification from a local law enforcement official that this request is made by a person representing an authorized neighborhood watch program. Following law enforcement verification and full completion of this form, the DOC SORP will provide a written response to the requester, including the following information: registrant names and any aliases of persons residing in the geographic area; conviction or commitment requiring registration; county and state of conviction or commitment; make, model and license number of vehicles owned by registrant; most recent date information updated; and agency contact phone number. NOTE: Information contained in the registry only includes those individuals convicted, in prison, or on community supervision for certain crimes on or after 12/25/93.

STREET PARAMETERS OF WATCH PROGRAM

ZIP CODE	CITY NAME	INSTRUCTIONS: Indicate below, in alphabetical order, the street names and number range (i.e. 100 - 200 block) for all streets within your watch area. If additional zip codes are needed, submit an additional form for each zip code number.	
<input type="text"/>	<input type="text"/>	STREET NAMES	ADDRESS NUMBER RANGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I, the undersigned, formally represent a neighborhood watch program located within the above geographic / street parameters. I understand that any misuse of this information, leading to any criminal behavior towards a registrant, may lead to further prosecution (Wisconsin Statute 939.646).

REQUESTER SIGNATURE DATE SIGNED

LAW ENFORCEMENT VERIFICATION

I, the undersigned, verify that the above request is from an authorized neighborhood watch program, pursuant to Wisconsin Statutes 60.23(17m) or is an authorized program by this law enforcement agency.

LAW ENFORCEMENT OFFICIAL SIGNATURE DATE SIGNED

AGENCY NAME AGENCY ADDRESS PHONE NUMBER ()

MAIL COMPLETED FORM TO: WISCONSIN DOC-SORP
 P.O. BOX 7925
 149 E. WILSON STREET
 MADISON, WI 53707-7925

REQUEST FOR REGISTRY INFORMATION Public Inquiry

Pursuant to Wisconsin Statutes 301.46(5)(a), this written request is for information from the Sex Offender Registry on the person with the following name, address, and known identifying information.

SEX OFFENDER REGISTRANT INFORMATION

REGISTRANT NAME Last	First	Middle	
DRIVER'S LICENSE NUMBER	* DATE OF BIRTH	SOCIAL SECURITY NUMBER	
* If date of birth is of an individual less than 18 years old, information cannot be disclosed.			
REGISTRANT STREET ADDRESS (PO box addresses are not acceptable)		APT #	
CITY	COUNTY	STATE	ZIP CODE

THIS INFORMATION IS BEING REQUESTED FOR THE FOLLOWING REASON(S):

PERSON REQUESTING REGISTRY INFORMATION

REQUESTER NAME Last	First	Middle	
REQUESTER STREET ADDRESS (PO box addresses are not acceptable)		APT #	
CITY	COUNTY	STATE	ZIP CODE

I understand that if this person is a registered sex offender that law enforcement can only provide the following information; verification whether in registry; county or date of conviction; make, model and license number of registered vehicle under the person's name; most recent date information was last updated. This or any additional information may only be provided if, in the opinion of the police chief or sheriff, providing the information is necessary to protect the public. I further understand that any misuse of this information, leading to any criminal behavior towards the registrant, may lead to further prosecution (Wisconsin Statute 939.646).

REQUESTER SIGNATURE	DATE SIGNED
---------------------	-------------

LAW ENFORCEMENT USE ONLY	
REQUEST <input type="checkbox"/> Granted <input type="checkbox"/> Denied (If denied, indicate reason)	
LAW ENFORCEMENT OFFICIAL SIGNATURE	DATE SIGNED

MAIL COMPLETED FORM TO: WISCONSIN DOC-SORP
P.O. BOX 7925
149 E. WILSON STREET
MADISON, WI 53707-7925

SEX OFFENDER REGISTRATION

Annual / 90 Day Registration Update

DATE: _____

Mail Completed Form To:
 Wisconsin DOC - SORP
 P. O. Box 7925
 149 E Wilson Street
 Madison, WI 53707-7925

Please Print or Type the Information

REGISTRANT NAME Last			First	Middle
DOC #	DATE OF BIRTH	SOCIAL SECURITY NUMBER (Used to Verify Identity)		

RESIDENCE				
STREET ADDRESS (PO box addresses are not acceptable)			APT #	CITY
COUNTY	STATE	ZIP CODE	RESIDENCE TELEPHONE NUMBER (Include Area Code)	
TYPE OF RESIDENCE <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	IF TEMPORARY, ANTICIPATED PERMANENT STREET ADDRESS / CITY / COUNTY / STATE / ZIP CODE			
EMERGENCY CONTACT NAME	CONTACT ADDRESS	RELATIONSHIP	TELEPHONE NUMBER	

EMPLOYMENT				
EMPLOYMENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed		DATE OF EMPLOYMENT	DATE OF ADDITIONAL EMPLOYMENT (If Applicable)	
EMPLOYER NAME		EMPLOYER STREET ADDRESS		
CITY	COUNTY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ()

DUTIES

ADDITIONAL EMPLOYER (If more than one source of employment)		EMPLOYER STREET ADDRESS		
CITY	COUNTY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ()

DUTIES

SCHOOL ENROLLMENT				
TYPE OF ENROLLMENT <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No Enrollment		DATE OF ENROLLMENT	ANTICIPATED DATE OF COMPLETION	
SCHOOL NAME		SCHOOL STREET ADDRESS		
CITY	COUNTY	STATE	ZIP CODE	SCHOOL TELEPHONE NUMBER ()

REGISTERED VEHICLE USE					
<input checked="" type="checkbox"/> All that Apply <input type="checkbox"/> Owns Vehicle <input type="checkbox"/> Does Not Drive			DRIVER'S LICENSE NUMBER		ISSUING STATE
LICENSE PLATE #	ISSUING STATE	VEHICLE YEAR	MAKE	MODEL	COLOR
LICENSE PLATE #	ISSUING STATE	VEHICLE YEAR	MAKE	MODEL	COLOR

In accordance with Wisconsin Statute 301.45, I am registering the following information is true and accurate. I understand that I am legally required to supply this information annually or every 90 days, as prescribed by law. I also understand that I must provide any changes of information within 10 calendar days of any change in residence, employment, school enrollment or vehicle registration. I understand that failure to comply, or providing false information, may be cause for revocation and/or further criminal prosecution. I also understand that this information will be used for law enforcement purposes, and other purposes established by law.

REGISTRANT SIGNATURE	DATE SIGNED
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SEX OFFENDER REGISTRATION

Change or Verification of Information

DATE: _____

Mail Completed Form To:
 Wisconsin DOC - SORP
 P. O. Box 7925
 149 E Wilson Street
 Madison, WI 53707-7925

Please Print or Type the Information

REGISTRANT NAME Last	First	Middle	DOC #	DATE OF BIRTH
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RESIDENCE CHANGE/VERIFICATION

STREET ADDRESS (PO box addresses are not acceptable)			APT #	CITY
COUNTY	STATE	ZIP CODE	RESIDENCE TELEPHONE NUMBER (Include Area Code)	
TYPE OF RESIDENCE <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		IF TEMPORARY, ANTICIPATED PERMANENT STREET ADDRESS / CITY / COUNTY / STATE / ZIP CODE		
EMERGENCY CONTACT NAME	CONTACT ADDRESS	RELATIONSHIP	TELEPHONE NUMBER	

EMPLOYMENT CHANGE/VERIFICATION

EMPLOYMENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed		DATE OF EMPLOYMENT	DATE OF ADDITIONAL EMPLOYMENT (If Applicable)		
EMPLOYER NAME		EMPLOYER STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ()	
DUTIES					
ADDITIONAL EMPLOYER (If more than one source of employment)		EMPLOYER STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE	EMPLOYER TELEPHONE NUMBER ()	
DUTIES					

SCHOOL ENROLLMENT CHANGE/VERIFICATION

TYPE OF ENROLLMENT <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No Enrollment		DATE OF ENROLLMENT	ANTICIPATED DATE OF COMPLETION		
SCHOOL NAME		SCHOOL STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE	SCHOOL TELEPHONE NUMBER ()	

VEHICLE USE CHANGE/VERIFICATION

<input checked="" type="checkbox"/> All that Apply <input type="checkbox"/> Owns Vehicle <input type="checkbox"/> Uses Vehicle <input type="checkbox"/> Does Not Drive			DRIVER'S LICENSE NUMBER	ISSUING STATE		
<input type="checkbox"/> Owns	LICENSE PLATE #	ISSUING STATE	VEHICLE YEAR	MAKE	MODEL	COLOR
<input type="checkbox"/> Uses						
<input type="checkbox"/> Owns	LICENSE PLATE #	ISSUING STATE	VEHICLE YEAR	MAKE	MODEL	COLOR
<input type="checkbox"/> Uses						

In accordance with Wisconsin Statute 301.45, I am registering the following change(s) of information or verifying that existing information in the registry is true and accurate. I understand that I am legally required to supply this information within 10 calendar days of any change in residence, employment, school enrollment or use of vehicle. I understand that failure to comply, or providing false information, may be cause for revocation and/or further criminal prosecution. I also understand that this information will be used for law enforcement purposes, and other purposes established by law.

REGISTRANT SIGNATURE _____

DATE SIGNED _____

**NOTICE OF REQUIREMENTS TO REGISTER
DEPARTMENT OF CORRECTIONS - SEX OFFENDER REGISTRY PROGRAM**

INSTRUCTIONS FOR REPORTING CHANGES OF INFORMATION

When ON Supervision

Report any changes in residence, employment, school enrollment, vehicle use, or name change directly to your assigned Community Corrections agent. Do not contact the DOC SORP.

When OFF Supervision

Report any changes in residence, employment, school enrollment, vehicle use, or name change by:

1. Completing and mailing the Sex Offender Registration - Change or Verification form (DOC-1796) to the Sex Offender Registration Program (address above). Copies of this form may be obtained through your previously assigned agent or by contacting the SORP.
 - or 2. Calling the SORP toll free registration number, **1-888-963-3363** and providing an update of your information.
- NOTE: updated information will be verified by the SORP.

DOC SORP Address

**WISCONSIN DOC-SORP
P.O. BOX 7925
149 E. WILSON STREET
MADISON, WI 53707-7925**

Wisconsin Statute 301.45 requires the Wisconsin Department of Corrections to create a **SEX OFFENDER REGISTRY PROGRAM (SORP)** for individuals adjudicated, convicted, and/or committed under included offenses or comparable offenses in other state jurisdictions. This is to serve notice that under Wisconsin Statute 301.45, you are required to comply with, and provide information/changes in your **RESIDENCE, EMPLOYMENT, SCHOOL ENROLLMENT, VEHICLE USE OR CHANGE OF NAME** status while under community supervision and for 15 years or for life, following expiration of your term. If you have been adjudicated, convicted, or committed under any of the Wisconsin Statute 301.45 included offenses, or, if the committing court has ordered compliance, you are required to comply with the following provisions of the DOC-SORP.

1. Within 10 days following your order for supervision, parole, probation, supervised release or conditional release - or PRIOR to your discharge, release to detainer from confinement, or transfer from a Type 1 to Type 2 prison - you must register as a sex offender with the DOC-SORP.
2. You must continue to register with the DOC-SORP for a period of 15 years following the expiration date of your sentence, parole, probation, or commitment unless;
 - a) You have on two or more occasions (2 strikes) been convicted of, or found not guilty by reason of disease or defect, or for the solicitation, conspiracy or attempt to commit:
 - 1) any included offense in WI. Statute 301.45; or
 - 2) any law in another state that is comparable to an included offense in ss. 301.45.
 - 3) You were committed under chapter 980 (Sexually Violent Person).
 - b) When sub (a) 1, 2 or 3 apply you must continue to register for life.
3. If applicable, within 10 days of placement within the community, you must submit a DNA sample, as directed by your agent, if you have not previously complied with this requirement.
4. Within 10 days of your release, or placement to community supervision, and whenever you move to a different law enforcement jurisdiction, you must complete a face-to-face registration with the local law enforcement agency, including the local police department and county sheriff's office, where your new residence is located, while on supervision.
5. Within 10 days of the effective date of such change, you must report any changes in your residence, employment status, school enrollment, and vehicle use throughout your required registration period.
6. At least 10 days prior to your sentence or commitment expiration, you shall comply with all DOC-SORP requirements.
7. You must complete a SORP Change of Registration/Verification form, at a minimum, on an annual basis while on supervision and following discharge from your term. In addition to the annual verification, you will be subject to periodic, random verification checks conducted by the DOC SORP.
8. If you are committed under the Sexually Violent Persons Act (chapter 980), you must complete a SORP Change of Registration/Verification form every 90 days for life.
10. You are subject to the DOC-SORP requirements whether you reside in Wisconsin or any other jurisdiction inside or outside the United States.
11. You must sign this form stating that you have read or have been informed of these registration requirements. Failure to receive notice or refusal to sign this form is not a defense for complying with the registry requirements.

**NOTICE OF REQUIREMENTS TO REGISTER
DEPARTMENT OF CORRECTIONS - SEX OFFENDER REGISTRY PROGRAM**

INSTRUCTIONS FOR REPORTING CHANGES OF INFORMATION

DOC SORP Address

WISCONSIN DOC-SORP
P.O. BOX 7925
149 E. WILSON STREET
MADISON, WI 53707-7925

When ON Supervision

Report any changes in residence, employment, school enrollment, vehicle use, or name change directly to your assigned Community Corrections agent. Do not contact the DOC SORP.

When OFF Supervision

Report any changes in residence, employment, school enrollment, vehicle use, or name change by:

1. Completing and mailing the Sex Offender Registration - Change or Verification form (DOC-1796) to the Sex Offender Registration Program (address above). Copies of this form may be obtained through your previously assigned agent or by contacting the SORP.
 - or 2. Calling the SORP toll free registration number, **1-888-963-3363** and providing an update of your information.
- NOTE: updated information will be verified by the SORP.

Wisconsin Statute 301.45 requires the Wisconsin Department of Corrections to create a **SEX OFFENDER REGISTRY PROGRAM (SORP)** for individuals adjudicated, convicted, and/or committed under included offenses or comparable offenses in other state jurisdictions. This is to serve notice that under Wisconsin Statute 301.45, you are required to comply with, and provide information/changes in your **RESIDENCE, EMPLOYMENT, SCHOOL ENROLLMENT, VEHICLE USE OR CHANGE OF NAME** status while under community supervision and for 15 years or for life, following expiration of your term. If you have been adjudicated, convicted, or committed under any of the Wisconsin Statute 301.45 included offenses, or, if the committing court has ordered compliance, you are required to comply with the following provisions of the DOC-SORP.

1. Within 10 days following your order for supervision, parole, probation, supervised release or conditional release - or PRIOR to your discharge, release to detainer from confinement, or transfer from a Type 1 to Type 2 prison - you must register as a sex offender with the DOC-SORP.
2. You must continue to register with the DOC-SORP for a period of 15 years following the expiration date of your sentence, parole, probation, or commitment unless;
 - a) You have on two or more occasions (2 strikes) been convicted of, or found not guilty by reason of disease or defect, or for the solicitation, conspiracy or attempt to commit:
 - 1) any included offense in WI. Statute 301.45; or
 - 2) any law in another state that is comparable to an included offense in ss. 301.45.
 - 3) You were committed under chapter 980 (Sexually Violent Person).
 - b) When sub (a) 1, 2 or 3 apply you must continue to register for life.
3. If applicable, within 10 days of placement within the community, you must submit a DNA sample, as directed by your agent, if you have not previously complied with this requirement.
4. Within 10 days of your release, or placement to community supervision, and whenever you move to a different law enforcement jurisdiction, you must complete a face-to-face registration with the local law enforcement agency, including the local police department and county sheriff's office, where your new residence is located, while on supervision.
5. Within 10 days of the effective date of such change, you must report any changes in your residence, employment status, school enrollment, and vehicle use throughout your required registration period.
6. At least 10 days prior to your sentence or commitment expiration, you shall comply with all DOC-SORP requirements.
7. You must complete a SORP Change of Registration/Verification form, at a minimum, on an annual basis while on supervision and following discharge from your term. In addition to the annual verification, you will be subject to periodic, random verification checks conducted by the DOC SORP.
8. If you are committed under the Sexually Violent Persons Act (chapter 980), you must complete a SORP Change of Registration/Verification form every 90 days for life.
10. You are subject to the DOC-SORP requirements whether you reside in Wisconsin or any other jurisdiction inside or outside the United States.
11. You must sign this form stating that you have read or have been informed of these registration requirements. Failure to receive notice or refusal to sign this form is not a defense for complying with the registry requirements.

E-rule expires
on October 30th
permanent rule in place Dec. 1st

JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

DATE _____ Executive Session _____ Public Hearing _____ Rule _____

Moved by _____ Seconded by _____

MOTION: That the JCRAR extend the effective date of the emergency rule of the Department of Workforce Development relating to the displacement of employees and the minimum wage for a period of 60 days.

LEGISLATOR	AYE	NO	ABSENT
Senator GROBSCHMIDT	✓		
Senator POTTER	✓		
Senator WIRCH			✓
Senator WELCH	✓		
Senator SCHULTZ			
Representative GROTHMAN		✓	
Representative GUNDERSON	✓		
Representative SERATTI			✓
Representative YOUNG			✓
Representative KREUSER	✓		
Totals			

MOTION CARRIED "

MOTION FAILED "

Expires
on Oct 30th

JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

DATE _____ Executive Session _____ Public Hearing _____ Rule _____

Moved by _____ Seconded by _____

MOTION: That the JCRAR extend the effective date of the emergency rule of the Department of Corrections relating to secure work crews for a period of 60 days.

LEGISLATOR	AYE	NO	ABSENT
Senator GROBSCHMIDT	✓		
Senator POTTER	✓		
Senator WIRCH			
Senator WELCH	✓		
Senator SCHULTZ			
Representative GROTHMAN	✓		
Representative GUNDERSON	✓		
Representative SERATTI			
Representative YOUNG			
Representative KREUSER	✓		
Totals			

MOTION CARRIED "

MOTION FAILED "

Expires
Oct. 28th

JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

DATE _____ Executive Session _____ Public Hearing _____ Rule _____

Moved by _____ Seconded by _____

MOTION: That the JCRAR extend the effective date of the emergency rule of the Department of Corrections relating to sex offender registration for a period of 60 days.

LEGISLATOR	AYE	NO	ABSENT
Senator GROBSCHMIDT			
Senator POTTER			
Senator WIRCH			
Senator WELCH			
Senator SCHULTZ			
Representative GROTHMAN			
Representative GUNDERSON			
Representative SERATTI			
Representative YOUNG			
Representative KREUSER			
Totals			

MOTION CARRIED "

MOTION FAILED "

Expires
Oct. 30th

JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

DATE _____ Executive Session _____ Public Hearing _____ Rule _____

Moved by _____ Seconded by _____

MOTION: That the JCRAR extend the effective date of the emergency rule of the Department of Commerce relating to fees, credentialing and inspection of elevators and mechanical lifting devices for a period of 60 days.

30

LEGISLATOR	AYE	NO	ABSENT
Senator GROBSCHMIDT	✓		
Senator POTTER	✓		
Senator WIRCH			
Senator WELCH		✓	
Senator SCHULTZ	✓		
Representative GROTHMAN		✓	
Representative GUNDERSON		✓	
Representative SERATTI			
Representative YOUNG			
Representative KREUSER		✓	
Totals			

MOTION CARRIED "

MOTION FAILED "