

# Wisconsin Department of Safety and Professional Services

Mail To:  
P.O. Box 8935  
Madison, WI 53708-8935

Fax To:  
(608) 251-3036

Ship To:  
1400 E. Washington Ave.  
Madison, WI 53703

## CERTIFICATION REQUEST FORM

Please allow 7 to 10 business days for processing.

**CREDIT CARD**  
**\$10.00 FEE PER CERTIFICATION**

**Credit Card Fees**

1 = \$10.00  
2 = \$20.00  
3 = \$30.00

**CHECK/MONEY ORDER**  
**\$10.00 FEE PER CERTIFICATION**

(Made payable to DSPS)

**Check/MO Fees**

1 = \$10.00  
2 = \$20.00  
3 = \$30.00

Name of License/Credential Holder: \_\_\_\_\_

License/Credential Number: \_\_\_\_\_ Profession: \_\_\_\_\_

Entity/State to Receive Certification (Three states max per form): \_\_\_\_\_

Certification Destination/Mailing Address (Certifications will only be mailed to State Boards or Professional Associations):

1. \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

2. \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

3. \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**IF YOU WISH TO RECEIVE AN EMAIL NOTICE** when the Certification has been processed, please list the email address below:

Email: \_\_\_\_\_

## PAYMENT INFORMATION

Cardholder's Name: \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Type (Circle One): Visa MC Disc AmEx



**NOTE: Please include the Security code from front/back of card:**

Cardholder's Signature: \_\_\_\_\_

I AUTHORIZE THE STATE OF WISCONSIN, DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES TO CHARGE MY CREDIT CARD WITH THE FOLLOWING DOLLAR

**AMOUNT: \$** \_\_\_\_\_

DSPS uses RightFax to ensure safe and secure transmission of your payment information (Rev. 12/14)

For Receiving Purposes