



**DUPLICATE LICENSE or
GOVERNOR WALL CERTIFICATE**

State of Wisconsin
DEPARTMENT OF SAFETY AND PROFESSIONAL
SERVICES

For Receiving Purposes

DATE: _____ AMOUNT OWED: _____ \$10.00 PER ITEM

NAME OF CREDENTIAL HOLDER: _____

PROFESSION: _____

LICENSE NUMBER: _____

*INDICATE QUANTITY OF ITEMS: DUPLICATE LICENSE _____ GOVERNOR WALL CERTIFICATE _____

INDICATE SPECIALTY TO BE PRINTED (if any) _____

CARD HOLDER'S
CURRENT ADDRESS: _____
STREET

_____ CITY STATE ZIP

CARD HOLDER'S
DAYTIME PHONE NUMBER: _____

**I AUTHORIZE THE WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES TO CHARGE MY
CREDIT CARD WITH THE FOLLOWING DOLLAR AMOUNT: \$ _____**

CREDIT CARD NUMBER: _____

If using AMEX or DISCOVER card, please include the 3 digit code on back/front of card: _____

EXPIRATION DATE: _____ / _____ CREDIT CARD TYPE (circle one): VISA M/C DISC AMEX

CARD HOLDER'S SIGNATURE: _____

Please complete the above information LEGIBLY and return this sheet using one of the following methods:

FAX #: (608) 251-3036

US MAIL: DEPT OF SAFETY & PROFESSIONAL SERVICES
RENEWAL OFFICE
PO BOX 8935
MADISON WI 53708-8935

FEDERAL EXPRESS: DEPT OF SAFETY & PROFESSIONAL SERVICES
MAILROOM 142
1400 E WASHINGTON AVE
MADISON WI 53703

*Please allow 7-10 business days after receipt of order for processing. If you have questions and need to contact us directly, please call 608-266-2112.