

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

FIREARMS CERTIFICATION OF PROFICIENCY – CHANGE OF EMPLOYER OR ADDITIONAL EMPLOYER

NOTE: This form should be used when an owner or employee who holds a current firearms permit transfers employment to a different agency or plans to carry a firearm for more than one agency. **NO FEE IS REQUIRED.**

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
--	---	---	--

Address (street, city, state, zip) <input style="width: 95%;" type="text"/>	Daytime Telephone Number <input style="width: 95%;" type="text"/>
---	---

Mailing Address (if different) <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>
---	--

Social Security # <input style="width: 95%;" type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
--	--

Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Provide your WI Private Security and/or Private Detective permit/license number(s):

Name of Employing Private Detective/Security Agency <input style="width: 95%;" type="text"/>	Agency License Number <input style="width: 95%;" type="text"/>
--	--

Address of Agency to send Firearms Permit (street, city, state, zip) <input style="width: 95%;" type="text"/>	Daytime Telephone Number <input style="width: 95%;" type="text"/>
---	---

Attestation of Person Currently Certified as Firearms Proficient:

I hereby attest that to the best of my knowledge, the information on this form is accurate. I hereby attest that I have not been convicted of any felony crime, and that I am not prohibited by any applicable federal or state law from carrying or being in possession of a firearm. I further attest that I have read and understand [Wis. Stats. § 941.29](#).

Signature: **Date:** / /

(Print and Sign Form)

Attestation of Owner, Officer or Partner of Private Detective/Security Agency:

I hereby attest that to the best of my knowledge, the information on this form is accurate. Our agency, therefore, requests that a permit to carry a firearm while on duty as a security guard for our agency be granted to the individual named above.

Signature: **Date:** / /

(Print and Sign Form)

FOR OFFICE USE ONLY:

Applicant is covered under agency insurance policy which includes firearms coverage to **Date:** / /

Firearms Certification of Proficiency valid through **Date:** / /