

# Wisconsin Department of Safety and Professional Services

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

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### INSTRUCTIONS FOR COMPLETING BARBERING AND COSMETOLOGY CONVICTIONS FORM (#2253)

**COMPLETE AND SUBMIT THIS FORM IF YOU ARE APPLYING FOR OR RENEWING A CREDENTIAL IN BARBERING\* OR COSMETOLOGY\* AND:**

1. Have ever been convicted of a felony committed while engaged in the practice of barbering or cosmetology, (This only applies to those who hold or have held a license to practice barbering or cosmetology.) **and/or**
2. Have ever been convicted of a felony, misdemeanor, or other violation of federal or state law involving the use of alcohol or other drugs.

**\*Professions:** Aesthetician, Aesthetician Instructor or Aesthetics Establishment; Barbering, Barbering Instructor, Barbering Apprentice, or Barbering Establishment; Cosmetologist, Cosmetologist Instructor, Cosmetology Apprentice or Cosmetology Establishment; Electrologist, Electrologist Instructor or Electrology Establishment; or Manicurist, Manicurist Instructor or Manicuring Establishment.

**Important Notice: DO NOT SUBMIT THIS FORM UNLESS ALL DOCUMENTATION REQUESTED IS INCLUDED.**

**Incomplete information will delay the processing time.**

If you have a conviction record *as specified in numbers 1 and 2 listed above*, complete this form, and return it with your application, application fee, and an additional \$8.00 conviction review fee. Please consult the "Frequently Asked Questions" on page ii for more information on completing this form.

If you have convictions *as specified in numbers 1 and 2 listed above*, list all applicable offenses for which you have ever been convicted in this state or any other state. This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. For each conviction, list the type of offense, date, and location. You do not need to report dismissed charges or municipal ordinance violations.

If you discover the required documents are not available after contacting the appropriate agency/police department, and/or court, please indicate this in a personal statement and submit the personal statement to the Department, along with any documentation that is available and a letter from the appropriate agency/police department, and/or court records custodian confirming the unavailability of the records.

The Fair Employment Act (Wis. Stat. §§ [111.31](#)-111.395) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form may be considered a false statement on an application.

# Wisconsin Department of Safety and Professional Services

## FREQUENTLY ASKED QUESTIONS

1. **If I am applying for or renewing a barbering or cosmetology license, what convictions do I need to report?**
  - Report all felony convictions committed while engaged in the practice of barbering or cosmetology. (This only applies to those who hold or have held a license to practice barbering or cosmetology.)
  - Report all felony or misdemeanor convictions or other violations of federal or state law involving the use of alcohol or other drugs.
2. **If my conviction was expunged, do I need to report or submit anything?**
  - Technically, there was a conviction at one point in time; therefore, you need to disclose the conviction and provide all documents required. Also, include a court document stating the conviction was expunged.
3. **What do I do if records are no longer available due to the length of time that has passed since the conviction?**
  - Include a personal statement describing each offense along with an explanation of the penalties imposed and verification that you completed all requirements. State that the records are no longer available in your personal statement and include a letter from the appropriate agency/police department, and/or court records custodian confirming the unavailability of the records.
4. **How long does it take to review these documents?**
  - The time period for conviction review varies depending on whether all information is complete, all documentation is received, and/or whether it needs to be reviewed by a licensing Board attached to the Department, etc.
5. **What are certified court records and where do I get them?**
  - These are records certified as true and correct by the Office of the Clerk of Courts and may include judgment of conviction, police report/incident report/criminal complaint, court-ordered assessment report, etc.
  - Records may be obtained from the Office of the Clerk of Courts in the county in which your case was heard or the relevant police department.
6. **If I was underage at the time of the offense, do I need to report or submit anything?**
  - If you were convicted in adult court, report the conviction, and submit all court documents and verification that you have complied with all requirements. Any conviction received in adult court involving alcohol (including convictions for operating while intoxicated) or other drug use, must be disclosed.
7. **I submitted an Application for Predetermination (#3253) and received a favorable predetermination decision (i.e., that my conviction record would not disqualify me from obtaining a particular credential), what do I need to submit with this Form (#2253)?**
  - You must submit this Form (#2253) and list the convictions reported on Form #3253. However, you are not required to submit additional information related to those convictions (such as personal statements or court documents).
  - If you have been convicted of any felony committed while engaged in the practice of barbering or cosmetology (This only applies to those who hold or have held a license to practice barbering or cosmetology.) **OR** a felony, misdemeanor, or other violations of federal or state law involving the use of alcohol or other drugs in Wisconsin or any other state since the date of your favorable predetermination decision, you will need to submit all required documentation for each new conviction since the date of the predetermination decision letter indicating you were not disqualified from licensure.
  - If you apply for a credential within 1 (one) year of the predetermination decision, pay only the difference between the predetermination application fee and the initial credential fee when you submit your credential application. For example, if you paid a \$68 predetermination fee and the initial credential fee is \$75, you will owe another \$7 for the initial credential fee. This does not include any fees for exams or subsequent background check fees. (If the credential fee is less than \$68, no refunds will be issued.)
  - Please note, you will still need to meet all credentialing requirements (i.e., training/education, exams, etc.). A favorable predetermination decision does not guarantee licensure.

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### BARBERING AND COSMETOLOGY CONVICTIONS FORM (#2253)

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PLEASE TYPE OR PRINT IN INK                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).    |
| Profession<br><input style="width: 95%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Application/License Number<br><input style="width: 95%;" type="text"/>                                                                                                                                                                                         |
| Last Name<br><input style="width: 95%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                     | First Name<br><input style="width: 95%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                  | MI<br><input style="width: 20%;" type="text"/>                                                                                                                                                                                                                 |
| List All Other Names Used<br><input style="width: 98%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                |
| Date of Birth<br><input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>                                                                                              | Social Security Number<br><input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> | Your Social Security 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. |
| Email Address<br><input style="width: 98%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                |
| Daytime Telephone Number<br><input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                |

APPLICATION FEES: Please check applicable box. Make check or money order payable to DSPS and attach to this form. To pay by credit card see [Form #3071](#).

- Application for Initial License/Credential**  
CIB Review Fee  
\$ 8.00 Total Fee Attached
  
- Renewal Application**  
CIB Review Fee is included with renewal fees.

**For Receipting Use Only**  
69, 70, 71, 72, 73, 74, 80, 82, 83, 84, 85, 86,  
180, 182, 183, 600, 601

# Wisconsin Department of Safety and Professional Services

**CONVICTIONS:** List all felony convictions committed while engaged in the practice of barbering or cosmetology (This only applies to those who hold or have held a license to practice barbering or cosmetology.) **AND** all felony or misdemeanor convictions or other violations of federal or state law involving the use of alcohol or other drugs. Attach additional sheet(s) if necessary.

\*Felony=F or Misdemeanor=M

| Conviction | Conviction Date | Location (City, County, State) | *F or M |
|------------|-----------------|--------------------------------|---------|
|            |                 |                                |         |
|            |                 |                                |         |
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|            |                 |                                |         |
|            |                 |                                |         |

**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED. FOR EACH CONVICTION LISTED ABOVE, YOU MUST SUBMIT THE FOLLOWING:**

- Certified copies of the Police Report or Criminal Complaint
- Certified copies of the Judgment of Conviction
- Personal Statement (Only needed if certified copies of Police Report or Criminal Complaint and Judgment of Conviction do not exist and/or your responses to questions 1-12 require additional explanation.)

**NOTE:** Do not submit Consolidated Court Automation Program (CCAP) or other online court access printouts. They do not satisfy documentation requirements. During the Department’s review of the application, you may be asked to submit additional information.

**WITH REGARD TO THE OFFENSES AND/OR CONVICTIONS LISTED ON FORM #2253 ABOVE, YOU MUST ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. | Did you previously apply for a predetermination of the conviction(s) by submitting Form #3253 and the required documentation? <b>If YES, proceed to Question 2. If NO, proceed to Question 4.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |
| 2. | If YES to Question 1, did you receive a predetermination decision letter dated within one year of your credential application, indicating the conviction(s) did not disqualify you from licensure? <b>If YES, proceed to Question 3. If NO, provide all documentation for all convictions reported above and proceed to Question 4.</b>                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |
| 3. | If YES to Question 2, since the date of the predetermination decision letter indicating you were not disqualified from licensure, have been convicted of any felony committed while engaged in the practice of barbering or cosmetology (This only applies to those who hold or have held a license to practice barbering or cosmetology.) <b>OR</b> a felony, misdemeanor, or other violations of federal or state law involving the use of alcohol or other drugs in Wisconsin or any other state? <b>If YES, ensure these are also listed in the grid above and provide documentation for those convictions received after the date of the predetermination decision letter.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |
| 4. | Have you ever been sentenced by a court to participate in an alcohol or other drug assessment? <b>If YES, provide a copy of the assessment and include a statement describing your current use of alcohol and/or drugs.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |
| 5. | <p>A. Have you ever been sentenced by a court to participate in an alcohol or other drug treatment or counseling program? <b>If YES, complete Question 5B.</b></p> <p>B. If YES to Question 5A, did you successfully complete the program? <b>If YES, attach the certificate of completion/discharge summary.</b></p> <p><b>NOTE: If you did not complete the program, attach a statement explaining why.</b></p>                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |

# Wisconsin Department of Safety and Professional Services

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 6.  | <p>A. Have you ever been placed on probation and/or extended supervision? <b>If YES, complete Question 6B.</b></p> <p>B. If YES to Question 6A, did you successfully complete probation and/or extended supervision? <b>If YES, provide evidence such as a release document or a Department of Corrections (DOC) document.</b></p>                                                                                                                                                                | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 7.  | <p>A. Have you ever been placed on parole? <b>If YES, complete Question 7B.</b></p> <p>B. If YES to Question 7A, did you successfully complete parole? <b>If YES, provide evidence such as a release document or Department of Corrections (DOC) document.</b></p> <p><b>NOTE: If you are currently on parole, provide a letter from your parole officer describing your parole requirements and your compliance with those requirements.</b></p>                                                 | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 8.  | <p>Have you ever served in the U.S. military or National Guard? <b>If YES, please include a copy of any Department of Defense (DOD) Form 214s or National Guard Bureau (NGB) 22s you wish to have considered as evidence of rehabilitation.</b></p>                                                                                                                                                                                                                                               | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                 |
| 9.  | <p>Do you have any mitigating (lessening the gravity of an offense or mistake) circumstances or social conditions surrounding the commission of the offense(s)? <b>If YES, please include details in an attached personal statement.</b></p>                                                                                                                                                                                                                                                      | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                 |
| 10. | <p>Since your offense(s), do you have any evidence of rehabilitation, such as employment, education, participation in treatment, payment of restitution, or any other activity that you wish to have considered as evidence of rehabilitation? <b>If YES, please include evidence of such and/or a personal statement.</b></p>                                                                                                                                                                    | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                 |
| 11. | <p>A. Did you serve a jail or prison sentence? <b>If YES, provide evidence such as a release document or Department of Corrections (DOC) document and complete Question 11B.</b></p> <p>B. If YES to Question 11A, do you have any letters of reference by persons (such as employers, clergy, counselors, etc.) who have been in contact with you since your release from jail or prison that you wish to have considered as evidence of rehabilitation? <b>If YES, please provide them.</b></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 12. | <p>Are you registered or licensed in any other profession(s)? <b>If YES, state what profession(s) and in what state(s), including license number(s). (Attach additional sheets if necessary.)</b></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>                                                                                                                                                                                                    | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                 |

**PERSONAL STATEMENT FOR EACH CONVICTION** (Only needed if certified copies of Police Report or Criminal Complaint and Judgment of Conviction do not exist and/or your responses to questions 1-12 require additional explanation.) (Attach additional sheets if necessary.)

A personal statement should describe the events that led to each conviction listed on Form #2253, along with an explanation of the penalties imposed, and verification that you completed all sentencing requirements. The statement should address the “who,” “what,” “when,” “where,” “how,” and “why” of the circumstances that led to each conviction.

**Example of an Adequate Personal Statement:** In 2019, I was convicted of an OWI 2nd. I was out with friends for a birthday party. I drank too much at the bar and made the poor decision to drive myself home. On the way home, I was pulled over for speeding. I failed the field sobriety test and blew a “.10.” I was ticketed, paid a fine, and had my driver's license suspended. I was also sentenced to do an alcohol and drug assessment (AODA) and attend treatment classes. Attached to this statement are copies of the criminal complaint and the judgment of conviction, my AODA, and records showing that I successfully completed alcohol counseling and treatment courses.

**CONVICTION(S):** (Space continued on following page.)

# Wisconsin Department of Safety and Professional Services

**CONVICTION(S)**: (Continued from previous page if additional space is needed. Attach additional sheets, if necessary.)

## **CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## **AFFIDAVIT OF APPLICANT**

I state that I am the person referred to in this document and that all the information, which I provided above, is true in every respect. I understand that false or forged statements made in this document or in connection with an application for a credential, or failing to provide relevant information, may be grounds for denial of an application, revocation of a credential granted to me, or criminal prosecution. I confirm that I have included all information and documentation requested by this form. **I understand that my application is incomplete until the Department receives all requested information and documentation. Incomplete applications will not be processed or reviewed until the Department receives all requested information and documentation.**

**Signature:**

(If unable to provide a digital signature, print and sign form.)

**Date:**   /   /