

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
 Madison, WI 53705  
 Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)  
 Email: [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
 Website: <http://dsp.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### ADDENDUM TO LICENSE APPLICATION FOR SECURITY PROFESSIONS

<b>APPLICANT:</b> Complete this section and give the form to the private detective or private security agency. The agency must complete and upload the form directly into the Department's License Third-Party Portal. Forms submitted by the applicant will not be accepted.			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Former / Maiden Name(s)</b>
<b>ATTESTATION OF APPLICANT:</b> I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.			
<b>Applicant Signature</b> (If unable to provide a digital signature print and sign form.)		<b>Date</b>	<b>Application Number</b>
		___/___/_____	PAR- _____

<b>PRIVATE DETECTIVE/SECURITY AGENCY:</b> Complete this section for the above-named applicant and upload it directly into the Department's using the LicensE Third-Party* Upload Portal at <a href="http://license.wi.gov">license.wi.gov</a> . You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)			
<b>Applicant will be employed as a</b> (check one): <input type="checkbox"/> Private Security Person <input type="checkbox"/> Private Detective			
<b>Name of Employing Agency:</b> (exactly as it appears on license)		<b>Agency License Number</b>	<b>Main Office Phone Number</b>
<b>Employing Agency's Main Office Business Address</b> (number/street)		(city)	(state) (zip code)
<b>I certify</b> that the agency listed above will employ and assume responsibility for the licensee and that failure to comply with the <a href="#">statutes and rules</a> of the Department may be cause for disciplinary action. I will notify the Department of any change in employment within five (5) days after the date of change.			
<b>For Private Security Permit Applicants:</b> If a 30-day temporary permit is issued, the applicant will not receive a permit to carry a firearm while holding a temporary permit. The temporary permit may not be renewed. If the Department has not received the FBI criminal record report by the end of the 30 days, the applicant will not be permitted to act as a private security person until the Department has received a satisfactory report and has issued a regular private security permit.			
<b>For Private Detective Applicants:</b> I certify that the Private Detective, as required by Wis. Stat. § <a href="#">440.26(4)</a> :			
<input type="checkbox"/> is covered by our agency liability policy. <input type="checkbox"/> is not covered by our agency liability policy. <input type="checkbox"/> is covered by a \$2,000 bond in addition to the agency's \$100,000 bond. <b>Attach the Bond of Private Detective or Private Detective Agency (Form 1483) to this form.</b>			
<b>ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT</b> I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.			
<b>Printed Name of Authorized Representative Signing Below</b>		<b>Phone Number</b> (with area code)	
<b>Authorized Representative Signature</b> (If unable to provide a digital signature print and sign form.)		<b>Date</b>	
		___/___/_____	
<b>Title</b>			