

# 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: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### REQUEST FOR VERIFICATION OF BOARD OF EVALUATION OF INTERPRETERS (BEI) CERTIFICATION

<b>SIGN LANGUAGE INTERPRETER APPLICANT:</b> Please submit this form to the state in which the BEI was taken. Verification of BEI Certification must be submitted <u>directly from the state</u> to the Department.			
<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>	<b>Former / Maiden Name(s):</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address: (number/street)</b>		<b>(city)</b>	<b>(state) (zip code)</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Social Security Number:</b> (voluntary- for state use to locate your records)	<input type="text"/>	<b>Date of Birth:</b>	<input type="text"/>
<b>Daytime Phone Number:</b>	<input type="text"/>	<b>Application Number:</b>	<input type="text"/>
<b>Name on Certification Records</b> (if different from above): <input type="text"/>			
<b>BEI Certification Number:</b>	<input type="text"/>		
<b>Month/Year of Written Exam:</b>	<input type="text"/>	<b>Month/Year of Certification:</b>	<input type="text"/>
<b>Expiration of Certification:</b>	<input type="text"/>	<b>OR</b> <input type="checkbox"/> <b>Not Applicable, certification does not expire.</b>	
<b>Level of Certification:</b>	<input type="text"/>		
<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. <input type="text"/>			
<b>Applicant Signature</b> (If unable to provide a digital signature, print and sign form.)	<b>Date</b>		

<b>STATE AGENCY OR DEPARTMENT:</b> Please submit evidence that the individual named above has successfully completed certification requirements as indicated above directly to the Department 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.)
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<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.
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*State Agency/Department Attestation, continued on next page.*

# Wisconsin Department of Safety and Professional Services

*State Agency/Department Attestation, continued.*

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Signature of State Agency/Department</b> (If unable to provide a digital signature, please print and sign form.)	Date		
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>		
<b>Printed Name</b>	<b>Phone</b>		
<input type="text"/>	<input type="text"/>		
<b>State Agency/Department Name</b>	<b>Signatory's Title</b>		
<input type="text"/>	<input type="text"/>		
<b>State Agency/Department Address: (number/street)</b>	<b>(city)</b>	<b>(state)</b>	<b>(zip code)</b>