

Wisconsin Department of Safety and Professional Services

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

LicensE: <https://license.wi.gov>
 Email: dspscredtrades@wisconsin.gov
 Website: dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING TRADES REPLACEMENT CARD REQUEST FORM

Submit form with credit card information. If submitting a check or money order, make payable to DSPS.

CUSTOMER INFORMATION			
Credential Holder Name:			
License/Customer ID #:		Phone Number:	<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"/>
Profession(s):			
E-mail Address:			

REQUIRED PAYMENT INFORMATION			Same as Customer Information Above <input type="checkbox"/>	
Name of Card Holder:				
Cardholder's Phone Number:	<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"/>			
Cardholder's Address: (number/street)	(city)	(state)	(zip code)	
		<input type="text"/> <input type="text"/>		
Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.				
Total Amount to Charge: \$			\$15.00 fee per card	
Credit Card Number:			Expiration 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"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	



3-digit security code



4-digit security code

Security Code:

For Receiving Purposes

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature: (If unable to provide a digital signature, print and sign form.)