



State of Wisconsin
Department of Children & Families

Application and Affidavit for Professional/Occupational License

Please **print** your responses. Each signature on the affidavit must be signed in the presence of a notary public.

Full Name of Applicant (First)		(Middle)	(Last)	(Maiden)
Address Street		Apt	City	State Zip Code
Mailing Address (if different than above)				
Gender male/female	Height (feet)	(inches)	Weight	Hair Color Eye Color
Date of Birth	County of Birth	State of Birth		
Phone Number ()	Cell Phone Number ()	Driver's License No.		
Applicant's Father's Full Name (First)		(Middle)	(Last)	
Applicant's Mother's Maiden Name (First)		(Middle)	(Last)	

Affidavit

I hereby attest that I do NOT have a social security number because:

- I have an approved IRS Form 4029 (exemption from paying Social Security taxes)
- Other (explanation required) _____

If at any time in the future I obtain a Social Security number, I will provide it with my next license renewal.

I understand that providing a false affidavit automatically makes this application invalid. Therefore, any and all licenses issued as a result will also be invalid and I may be subject to penalties for false swearing under s. 946.32, Stats., and for operating without a valid license under ss. 13.63(1)(a), 13.64(2m), 48.66(2m)(a)2., 49.48(1m), 73.03(50)(c), 93.135(1m), 101.02(20)(e), 102.17(1)(cg)2m., 103.275(2)(bg)2m., 103.91(2)(b)2m., 103.92(2)(b)2m., 104.07(4)(bm), 105.06(1m)(bm), 118.19(1s), 138.09(1m)(c), 138.12(3)(c), 146.51(1m), 146.52(1m), 165.85(3m)(b)2., 170.12(3m)(a)1m., 217.05(1m)(c), 218.01(2)(ie) 3. and (ig)3., 218.02(2)(a)3., 218.04(3)(a)3., 218.05(3)(am)3., 218.11(2)(am)4., 218.12(2)(am)3., 218.21(2f), 218.31(1f), 218.41(2)(am)3., 218.51(3)(am)3., 224.72(2)(d), 250.041(1m), 299.08(1)am, 341.51(4)(an), 342.06(1)(eh), 343.14(2)(br), 343.305(6)(e)2.am., 343.61(2)(a)1m., 343.62(2)(am), 440.03(11m)(am), 551.32(1)(bs), 562.05(1e), 628.10(2)(cr), 632.68(3)(b)3., 632.68(5)(b)3., 633.15(2)(e), 751.15(3), Stats.

Applicant's signature Date

Subscribed and affirmed to before me
this ____ day of _____, _____

Notary public, State of Wisconsin

My commission (is permanent)____ Expires _____

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [Wis. Statutes, s. 49.83].
DCF-F-2462-E (N. 02/2009)

FOR AGENCY USE ONLY: Agency Name: _____	Date Forwarded to DCF: _____
Agency Contact Name: _____	Contact Phone Number: _____