

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Phone #: (608) 261-8503

Office Location: 4822 Madison Yards Way
Madison, WI 53705

E-Mail: dpscombativesports@wisconsin.gov
Website: <http://dsps.wi.gov>

UNARMED COMBAT SPORTS TIMEKEEPER LICENSE

For UCS program information visit the UCS webpage, <https://dsps.wi.gov/Pages/Professions/UnarmedCombatSports/Default.aspx>.

Your application will not be processed or will be delayed unless you:

- 1. Complete the application information section on the first page. You must complete all sections including your social security #.
- 2. Complete the certification of legal status section on this application.
- 3. Read and sign the affidavit of applicant.
- 4. Credential fee (\$10 per year) - Attach check or fill in the credit/debit card section with the appropriate amount listed below.

Note: The Department may request additional information necessary to determine an applicant's eligibility for a license, such as additional medical reports, training, personal interviews, and observation of training.

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).

1. APPLICANT INFORMATION

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 or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).		
First Name	Middle Name	Last Name		
Former/Maiden/Other Name(s)	Date of Birth (mm/dd/yyyy)			
Applicant Social Security Number		Social Security Number		
Your Social Security Number <u>must</u> be submitted on this application 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.				
Address (number/street or P.O. Box)	(city)	(state)	(zip code)	
Country (if not United States)	Telephone Number (with area code)			
E-mail Address (REQUIRED)				

FEES: (License fee \$10 per year. Select a box below.)

- \$10 (One Year) \$40 (Four Years)
- \$20 (Two Years) \$50 (Five Years)
- \$30 (Three Years)

Send application and payment to: Wisconsin Department of Safety and Professional Services, Attention Unarmed Combat Sports Program, P.O. Box 8935 Madison, WI 53708-8935.

Overnight mail delivery and Office location: Wisconsin Department of Safety and Professional Services, Attention Unarmed Combat Sports Program, 4822 Madison Yards Way, Madison, WI 53705

All other correspondence:

Phone: 608-261-8503, TTY: Contact through Relay, online at <http://dsps.wi.gov>, or by email dpscombativesports@wisconsin.gov.

For Receiving Use Only (272)

\$10 (1yr) \$20 (2 yrs) \$30 (3 yrs) \$40 (4 yrs) \$50 (5 yrs)

Wisconsin Department of Safety and Professional Services

2. CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

A citizen or national of the United States, or

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

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.

3. AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of 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. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Applicant's Signature (If unable to provide a digital signature print and sign form.)	Date (mm/dd/yyyy)										
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Complete payment information on next page.

Wisconsin Department of Safety and Professional Services

4. Credential Fee (nonrefundable): (Choose the length of your credential. Must match fee box checked on bottom of Page 1):


\$10.00 (one year) \$20.00 (two years) \$30.00 (three years) \$40.00 (four years) \$50.00 (five years)

- **Pay by Check or Money Order** - Make checks payable to State of WI – DSPS/ P.O. Box 8935 Madison, WI 53708-8935

OR

- **Pay by Credit or Debit Card** – Fill in the information below.

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.

Cardholder's Name:		Daytime 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)
Credit Card Number:		Expiration Date: (month / year)	
		<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"/>	
Card Type (select one):		<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVERY <input type="checkbox"/> AMERICAN EXPRESS	
Security Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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.)			