# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

**Office Location:** 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

**DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING**

## INSTRUCTIONS FOR OBTAINING BARBER LICENSURE BY ENDORSEMENT

**AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

1. **Application for Barber Licensure by Endorsement (Form #3021)**

2. **$63.00 Initial Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.

3. **One-hour training course on statutes and rules that apply to practice.**

4. **Verification of Licensure (Form #3020)** – Completed by each state in which you have been issued a license. You must hold a current license in at least one state.

**To Qualify for Licensure by Examination**:

If you have not satisfied the endorsement requirements, you will need to qualify for licensure by examination. You will need to apply for the Wisconsin state board exam online with our vendor, DL Roope Administrations Inc., at http://www.dlroope.com/wisconsin.cfm?state=10. The fee for the exam is available online at http://www.dlroope.com/wisconsin.cfm?state=10 and includes the fee for your first license. Please review the **Candidate Handbook** posted on DL Roope Administrations Inc.'s website for information on how to apply, the content of the exams, etc.

Wis. Stat. § 454.06 requires graduation from a course of instruction in a school licensed in Wisconsin or is accredited by an accrediting agency approved by the Board.

If you have graduated from a school in another state with the same hours of education as required in this state (**see below**), you will need to do the following to **qualify for licensure**:

1. Apply for and pass the current state board examination (**both written and practical**) with DL Roope Administrations Inc. The fee for the exam is available online at: http://www.dlroope.com/wisconsin.cfm?state=10 and is paid to DL Roope Administrations Inc.
2. Contact the school you attended and request that they complete our Certification of Training (**Form #3044**). This form should be submitted directly to our office by the school.
3. Your information will then be reviewed and a determination made as to your eligibility for licensure. No additional fee will be required. The licensure fee was included in the exam fee paid to DL Roope Administrations Inc.

If you have graduated from a school in another state with the same hours of education as required in this state (**see below**), you will need to do the following to **qualify for a temporary permit**:

1. Apply for the current state board examination (**both written and practical**) with DL Roope Administrations Inc. The fee for the exam is available online at: http://www.dlroope.com/wisconsin.cfm?state=10 and is paid to DL Roope Administrations Inc. You may also apply for a temporary permit by paying an additional $10.00 to DL Roope Administrations Inc.
2. Contact the school you had attended and request that they complete our Certification of Training (**Form #3044**). This form should be submitted directly to our office by the school.
3. After we have received and approved this form, we will make you eligible for the temporary permit through DL Roope Administrations Inc.

**Minimum Hours of Education Required:**

- Barber: 1,000 hours



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## APPLICATION FOR BARBER LICENSURE BY ENDORSEMENT

**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).**

**PLEASE TYPE OR PRINT IN INK**

☐ Your name, address, telephone number and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

| **Last Name** | **First Name** | **MI** | **Former / Maiden Name(s)** |
|---|---|---|---|
| | | | |

**Address** (street, city, state, zip)

**Daytime Telephone Number**
___ - ___ - ____

**Mailing Address** (if different)

**Date of Birth**
__ / __ / ____

**Social Security Number**
___ - __ - ____

Your Social Security Number or Employer Identification Number must be submitted with your application on this 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.

Ethnicity/gender status information is optional.

**Ethnicity:** ☐ White, not of Hispanic origin ☐ American Indian or Alaskan ☐ Hispanic
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander ☐ Other

**Sex:** ☐ M ☐ F

**Have you ever been licensed in Wisconsin as a Barber or Barbering Manager?** ☐ Yes ☐ No If yes, list your credential number:

**Email Address**

**Name of Training School Attended**

**Dates of Training:** From: __ / __ / __ To: __ / __ / __

**APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.**

☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

☐ **Initial Credential Fee**
☐ Barber

**$63.00 Total Fee Attached**

**For Receipting Use Only (182)**



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**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

- ☐ Application (**Form #3021**) and appropriate fee,
- ☐ One-hour training course on statutes and rules that apply to practice,
- ☐ Letters from all State Boards where licensed, active and inactive,
- ☐ Certification (**Form #3020**),
- ☐ Barbering and Cosmetology Convictions (**Form #2253**), if applicable.

**ARE YOU A VETERAN?** If yes, please view the Department website at http://dsps.wi.gov under "Professions" and select "Barber," then "Other Forms," and "Military Licensure Benefits" for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?** ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number: _____

**If you qualify, are you requesting equivalency of your Military Training and experience?** ☐ Yes ☐ No
If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?** ☐ Yes ☐ No
If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or** www.WISVETS.com **for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

**RENEWAL REQUIREMENTS**: Please view the Department website at http://dsps.wi.gov under "Professions" and select "Barber."

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

| | | |
|---|---|---|
| 1. | Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? **If yes, give details on an attached sheet, including the name of the profession and the agency.** | ☐ Yes ☐ No |
| 2. | Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? **If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.** | ☐ Yes ☐ No |
| 3. | Is disciplinary action pending against you in any jurisdiction? **If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.** | ☐ Yes ☐ No |
| 4. | Have you ever been convicted of a felony committed *while engaged in the practice of barbering or cosmetology*? **If yes, submit Barbering and Cosmetology Convictions (Form #2253)** | ☐ Yes ☐ No |
| 5. | Have you ever been convicted of a felony, misdemeanor or other violation of federal, state, or local law involving the use of alcohol or other drugs? **If yes, submit Barbering and Cosmetology Convictions (Form #2253).** | ☐ Yes ☐ No |
| 6. | Are you incarcerated, on probation, or on parole for any felony conviction committed *while engaged in the practice of barbering or cosmetology* **OR** *involving the use of alcohol or other drugs*? **If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.** | ☐ Yes ☐ No |
| 7. | Are you registered or licensed in any other profession(s)? **If yes, state what profession(s) and in what state(s):** | ☐ Yes ☐ No |
| 8. | Have you ever been credentialed under any other name(s)? **If yes, state name(s) credentialed under:** | ☐ Yes ☐ No |

**I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S).** (Include all active and inactive states.)

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Department of Safety and Professional Services. The verification letter(s) must state your date of birth, credential number, date of issuance, if license was obtained through examination or reciprocity, and a statement regarding disciplinary actions.



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**REGARDING THE STATES YOU LISTED ABOVE:** Identify the states in which you were licensed by EXAM.

**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.

**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've provided to the Department of Safety and Professional Services change.

Signature: _____ Date: __ __ / __ __ / __ __ __ __



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