

# 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:** [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
**Website:** <http://dps.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. **\$60.00 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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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### 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, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>
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<b>Address (street)</b> (city) (state) (zip code)	<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
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<b>Mailing Address (if different)</b> (street) (city) (state) (zip code)	<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
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<b>Social Security Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>	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 <a href="#">Form #1051</a> . The Department may not disclose the Social Security Number collected except as authorized by law.
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**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

**GENDER:**  M  F

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

**E-mail 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. To pay by credit card see [Form 3071](#).**

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

**Initial Credential Fee**  
**\$60.00 Total Fee Attached**

**For Receiving Use Only (182)**

# Wisconsin Department of Safety and Professional Services

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

- |   |   |
|---|---|
| <input type="checkbox"/> Application ( <b>Form #3021</b> ) and appropriate fee,<br><input type="checkbox"/> One-hour training course on statutes and rules that apply to practice,<br><input type="checkbox"/> Letters from all State Boards where licensed, active and inactive, | <input type="checkbox"/> Certification ( <b>Form #3020</b> ),<br><input type="checkbox"/> Barbering and Cosmetology Convictions ( <b>Form #2253</b> ), if applicable. |
|---|---|

**ARE YOU A VETERAN?** If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

**If you qualify, are you requesting a waiver of your initial credentialing fee?**  Yes  No  
 If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: \_\_\_\_\_

**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. (You may contact the WDVA at 1-800-947-8387 or [dva.wi.gov](http://dva.wi.gov) for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

**If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential?**  Yes  No  
 If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses (**Form #3982**).

**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? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a felony committed <i>while engaged in the practice of barbering or cosmetology</i> ? <b>If yes, submit Barbering and Cosmetology Convictions (Form #2253)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a felony, misdemeanor or other violation of federal or state law involving the use of alcohol or other drugs? <b>If yes, submit Barbering and Cosmetology Convictions (Form #2253).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any felony conviction committed <i>while engaged in the practice of barbering or cosmetology</i> <b>OR</b> involving the use of alcohol or other drugs? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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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.

# Wisconsin Department of Safety and Professional Services

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

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

Signature:   
(Print and Sign Form)

Date: / /