

Wisconsin Department of Safety and Professional Services

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DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

RETIRED STATUS RENEWAL ADDENDUM FORM

This form applies to individuals who are renewing a credential in one of the following professions: Architects; Landscape Architects; Professional Engineers; Designers; or, Professional Land Surveyors, and want the credential to be placed in Retired status per [Wis. Stat. § 443.015 \(1m\)\(a\)\(1\)a or b](#). To be eligible to place either an *active* or *expired* credential into Retired status, the credential holder must certify that he or she is retired from, and no longer engages in, the practice for which he or she holds the credential and meet at least one of the following criteria:

- Be at least 65 years of age, **OR**
- Has actively maintained or previously held the credential for a minimum of 20 years (consecutive or nonconsecutive).

Additional information is available in Wisconsin Statute and Administrative Code at <https://dsps.wi.gov/Pages/RulesStatutes/AE.aspx>.

PLEASE TYPE OR PRINT IN INK

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).

License Holder Last Name	First Name		MI	Former / Maiden Name(s)
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FOR WHICH CREDENTIAL ARE YOU REQUESTING A RETIRED LICENSE?

License #: _____ Profession/Credential Type: _____

Please read carefully and sign below:

- I have attached the prorated fee of **\$34**, made payable to DSPS, or completed Fax Payment Form #3071 to this application.
- I certify I am retired and will no longer engage in the practice that is authorized under this license while the license is in Retired status.
- I understand the license will remain in Retired status until the next renewal deadline unless I apply to return it to Active status.
- I understand I must apply for Active status and pay the remaining renewal fee of \$34.00 before returning to the practice authorized under this license. I understand I must meet all requirements should I wish to return the license to Active status.

SIGNATURE: _____ DATE: _____

- **Online renewal is available when applying for Retired443 status for the first time. Log in to the website and walk through the entire renewal but DO NOT PAY online. See further instructions on the webpage.**
- **Contact the renewal office to request paper renewal forms:**

Mail, fax, or email this addendum along with completed renewal forms to the renewal
Office: DSPS – Renewal Unit
P.O. Box 8935
Madison, WI 53708-8935
Fax (608) 251-3036
DSPSRenewal@wisconsin.gov

- **Allow 10-15 business days for this request to be reviewed and processed.**