

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR TRANSFER OF CEMETERY PRENEED SELLER LICENSE (NO FEE REQUIRED)

<b>APPLICANT: Complete top portion of this form and forward to Preneed Seller/Employer.</b>			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address at which you reside:</b> (A Post Office Box alone is not sufficient for licensing. You must list street, city, state, zip.) <input type="text"/>			
<b>Date of Birth</b>	<b>Daytime Telephone Number</b>	<b>Preneed Seller License Number</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Reason for completing this form:</b> (place a check mark in front of one of the following and fill in the blank, if applicable)			
<input type="checkbox"/> I am transferring from the employment of <input type="text"/> to the Preneed Seller listed below.			
<input type="checkbox"/> I will work for more than one Preneed Seller Employer and the Preneed Seller listed below is in addition to the Preneed Seller Employer(s) the Department already has on record.			
I declare that the answers set forth are true and correct to the best of my knowledge and belief, and I understand that failure to comply with the license law or rules and regulations of the Wisconsin Department of Safety and Professional Services will be cause for disciplinary action.			
<input type="text"/>		<input type="text"/>	
<b>Applicant Signature</b> (If unable to provide a digital signature print and sign form.)		<b>Date</b>	

<b>PRENEED SELLER/EMPLOYER: Complete section below and return directly to DSPS.</b> Preneed seller/employer may email with business cover sheet or letter to <a href="mailto:DSPPSCREDCemetery@wisconsin.gov">DSPPSCREDCemetery@wisconsin.gov</a> .	
<b>Name of Employer:</b> (exact name as it appears on the employer's license) <input type="text"/>	
<b>License Number of the Employing Preneed Seller Named Above:</b>	<b>Main Office Telephone Number</b>
<input type="text"/>	<input type="text"/>
<b>Business Address of the Main Office of the Employing Preneed Seller:</b> (street, city, state, zip code) <input type="text"/>	
This statement must be signed by a corporate officer of the employing Preneed Seller. This is to certify that I will assume responsibility for the applicant pursuant to the Department rules.	
<input type="text"/>	<input type="text"/>
<b>Signature of Corporate Officer of the Employing Preneed Seller</b> (If unable to provide a digital signature print and sign form.)	<b>Date</b>
<input type="text"/>	<input type="text"/>
<b>Title</b>	