

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING VETERAN REQUEST APPLICATION ADDENDUM

This form applies to individuals who served in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state. THIS FORM SHOULD BE SUBMITTED WITH YOUR INITIAL CREDENTIAL APPLICATION. Application forms and information are available on the DSPS website. Go to dsps.wi.gov and select "PROFESSIONS" then the hyperlink for the desired profession. (If you hold an active, unrestricted credential in another state, you may wish to review [Form #3982, Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses.](#))

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, phone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip code) <input type="text"/>		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
E-mail Address <input type="text"/>			
Please indicate only one credential for which you are applying. For a list of health and business professions and registration codes, refer to Form #2983 .			
DSPS Credential/Profession Name <input type="text"/>		DSPS Registration Code <input type="text"/>	
Are you requesting a waiver of your initial credentialing fee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the WI DVA voucher code #: _____			
Are you requesting equivalency of your military training and experience?			
<input type="checkbox"/> YES , View desired profession's application forms for information required to obtain the credential. Provide copies of your military training and experience which may include:			
<ul style="list-style-type: none">• Service School Academic Reports including course start/end dates, course of study, and grade.• Certificates of Training for specific programs completed such as apprenticeships, specialization courses, or hands-on training courses.• Training Documentation signed by your Unit's Training NCO (non-commissioned officer)• A written personal narrative as to why you feel your military education/training/experience has prepared you for the profession.			
Contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.			
<input type="checkbox"/> NO , View desired profession's application form for information required to obtain the credential.			