Wisconsin Department of Safety and Professional Services DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

PAYMENT FORM

(Please allow 7 to 10 business days for processing.)

<u>NOTE</u>: If paying application fee and/or expedited processing fee, application MUST be submitted with this form.

CUSTOMER INFORMATION	
Name of Applicant/Credential Holder:	
Application/Credential Number: (if applicable)	
Profession(s):	

<u>REQUIRED PAYMENT INFORMATION</u>: Your request will not be processed unless all information below is completed.

If paying application fee, application MUST be submitted with this form. Mark the appropriate box(es) to indicate type of payment.

🗌 Initial Credential Fee 🗌 Exam/Retake 🗌 Renewal Fee/Late Fee 🗌 CIB Fee 🗌 Temporary Permit 🔲 Late Renewal after 5 Years					
Predetermination	Other (please list):				
Name of Card Holder:					
E-mail Address:					
Daytime Phone Number:					

Are you requesting an expedited process? 🗌 Yes 🗌 No If yes, include an additional \$10.00 fee for this service.

Expedited processing <u>only applies to Initial Credential, Temporary Permit, and Late Renewal After 5 Years</u> and must be included with the application and all fees.

Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

Total Amount to Charge: \$

Cardholder's Address (number/street)	(city)	(city)		(zip code)
Credit Card Number:	Expiration Date:			
ALTINGTON DALANDER MOTING MOTI	4-digit security code		For Ro	eceipting Purposes
I understand by signing below, I authorize the S and Professional Services to charge my credit c convenience fee assessed at the time of process	ard for the above amount and			

Cardholder's Signature: (If unable to provide a digital signature, print and sign form.)