Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

WALL CERTIFICATE WITH WALLET CARD OR GOVERNOR-SIGNED WALL CERTIFICATE REQUEST FORM

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

CUSTOMER INFORMATION:

Name of Credential/License Holder: _____

Credential/License Number(s): _____

Profession(s): _____

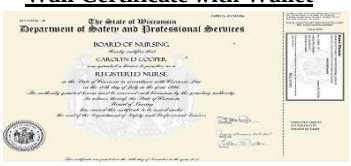
REQUIRED PAYMENT INFORMATION:

Mark the appropriate box(es) to indicate type of certificate:

☐ Wall Certificate with Wallet Card ($10.00 per certificate)

☐ Governor Signed Wall Certificate ($10.00 per certificate)

Wall Certificate with Wallet



Governor Signed Certificate

☐ Indicate Specialty to be Printed (if any) _____

Note: Not all specialties are available for printing. These certificates may be printed in the same format from your personal computer.

Required Information for Processing: You must provide a mailing address and a daytime phone number.

Name of Card Holder: _____
☐ Same as Customer listed above.

Address to send certificate(s): _____
(street, city, state, and zip)

Daytime Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Email Address: _____

TOTAL AMOUNT TO CHARGE: $ _____

DSPS is only authorized to charge the amount listed. Incorrect amounts will cause delays in processing.

Cardholder's Address:

_____ (street) _____ (city) ☐☐ (state) _____ (zip code)

Credit Card Number: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Expiration Date: ☐☐ / ☐☐☐☐

Security Code: (please list) ☐☐☐☐

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature: _____

For Receipting Purposes

DSPS uses RightFax to ensure safe and secure transmission of your payment information.

Committed to Equal Opportunity in Employment and Licensing