Wisconsin Department of Safety and Professional Services

E-Mail:

Website:

Mail To: P.O. Box 8935 Madison, WI 53708-8935 Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way

Madison, WI 53705 DSPSCredVerifications@wisconsin.gov http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

VERIFICATION REQUEST FORM

The Department does not complete external verification forms. Credential verifications are provided electronically to other boards only. Request a verification online at https://app.wi.gov/LicenseVerification or submit form below. Allow 7 to 10 business day for processing.

Credential Holder Name (First)	(Middle)	(Last)		(Maiden/Former)						
Credential Holder Date of Birth License or Cr		License or Crede	ential Number		Profession					
Credential Holder Address (number/street)			(city)			(state)	(zip code)			
Daytime Phone Number (type)			Daytime P	Daytime Phone Number (include country code if not U.S.)						
Home Work Cell Phon										
I would like to verify: Exam Scores (Check here <u>only</u> if you are an Engineer, Architect, or Land Surveyor. All other professions										
should contact the national exam office where they registered and to Exam type(s)				Month/Year taken						
To receive email notification when verification is processed, list yo			your email bel	ow C	Comments					
Entity/State to Receive Verification (Limit 3 states/entities/countries per form.) Verifications are sent to certified boards ONLY.							ards ONLY.			
Credential holders or third-partie	s may search		the DSPS <u>Self-</u>	<u>Service</u>		<u>Look-Up</u> .				
1.		2.			3.		SEND BY			
Provide the email and/or mailing address for the corresponding board(s) below. Please verify email/mailing address. Failing to do so may delay or prevent verification receipt.						M=Mail E=Email				
1.		List application/reference number (if applicable)								
		List application it		er (ir up)	piledole)					
2.										
List application/reference number (if applicable)						-				
2										
3.	List application/reference number (if applicable)									
COMMENTS										
				[<u> </u>				
					For F	Receipting Purp	oses			
COMPLETE PAYMENT INFORMATION ON PAGE 2.										
COM LETE I ATME			<u>, , , , , , , , , , , , , , , , , , , </u>							
#3083 (Rev. 7/14/2023)						Page	e 1 of 2			

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PAYMENT INFORMATION – Fee is \$10 for each verification. Up to three verifications can be ordered on one form (1=\$10, 2=\$20, 3=\$30). Make check or money order payable to DSPS. Credit/debit card is preferred. A 2% nonrefundable convenience fee will be added to credit card payments. Your request will not be processed unless all information below is completed.										
Cardholder Name:	Check box if name is same as above.									
Daytime Phone Number:		Check box if phone is same as above.								
Email Address:		Check box if email is same as above.								
Cardholder Address:(#/street) or Check (city)				(state)	(zip code)					
Credit Card Number:	Expiration	n Date (month/year):								
				/						
Security code (REQUIRED):										
AMOUNT: \$										
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. The 2% convenience fee will appear as a separate charge on your statement. This fee is non-refundable.										
Cardholder's Signature: (If unable to provide a dig	.) Date	te								
			/							