## Wisconsin Department of Safety and Professional Services

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## ADDENDUM TO APPLICATION

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied. A form for submitting a statement that you do not have a social security number is available from the department.

	(Please Print)					
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First Name	Middle Initial	Last Name	Soc	cial Security Nu	ımber or FEIN	
			Date of Birth _			
Type of Credenti	ial (license, permit, certif	ricate)				
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☐ However,	ne, credential number, a , you may check this bo ividuals that the departme	x to declare that	your name and a			
DELINQUENT	STATE TAXES; DEL	INQUENT SUPI	PORT			
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If yes, this field with the correct of	is required to receive your case sensitive information	our application standard	ntus electronically			rly legible
	ESS. Submit your email	address in the sp	aces provided bere		Timer copy.	
<b>If no,</b> your check	clist will be sent by first o	class mail.				
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This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

<sup>&</sup>lt;sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>&</sup>lt;sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>&</sup>lt;sup>3</sup> Section 440.12, Wis. Stats.

<sup>&</sup>lt;sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

<sup>&</sup>lt;sup>5</sup> Section 440.14, Wis. Stats.

<sup>&</sup>lt;sup>6</sup> Section 440.12, Wis. Stats.