

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

SIGN LANGUAGE INTERPRETER

REQUEST FOR VERIFICATION OF CERTIFICATION OF WITA CERTIFICATION LEVEL

APPLICANT: Complete this section and submit to the Wisconsin Interpreting and Transliterating Assessment (WITA) for completion at: Wisconsin Interpreting and Transliterating Assessment (WITA), 1 West Wilson Street, Room 558, Madison, WI 53707-7851, (608) 319-1249, (608) 437-5828 – Voice, (888) 241-9428 – TTY. Form must be returned directly from WITA to the Department at the above address.

Last **First Name** **MI** **Former / Maiden Name(s)**

Address: (number, street, city, zip code)

Daytime Phone Number: - - **Date of Birth:** / /

Name on Certification Records: (if different from above)

Level of Certification:

Month/Year of Certification: / **Expiration of Certification:** /

/ /

Applicant Signature **Date**

WISCONSIN INTERPRETING AND TRANSLITERATING ASSESSMENT (WITA): Please submit evidence that the individual named above has successfully completed certification requirements for Sign Language Interpreter Certification at a level 2 or higher in both Interpreting and Transliterating and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPSSignLanguageInterpreters@wisconsin.gov.