

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 251-3036  
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way  
Madison, WI 53705  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### SIGN LANGUAGE INTERPRETER

#### REQUEST FOR VERIFICATION OF BOARD OF EVALUATION OF INTERPRETERS (BEI) CERTIFICATION

**APPLICANT: Please submit this form to the State in which the BEI was taken. Verification of BEI Certification must be submitted directly to DSPS from the State.**

Last  First Name  MI  Former / Maiden Name(s)

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

Social Security #: (voluntary)  -  -

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

Name on Certification Records: (if different from above)

BEI Certification Number:

Month/Year of Written Exam:  /

Level of Certification:

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

/  /

Applicant Signature (Print and Sign Form)

Date

**STATE AGENCY OR DEPARTMENT: Please submit to the State of Wisconsin evidence that the individual named above has successfully completed certification requirements as indicated above and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or [DSPPSignLanguageInterpreters@wisconsin.gov](mailto:DSPPSignLanguageInterpreters@wisconsin.gov).**