

# Wisconsin Department of Safety and Professional Services

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### SIGN LANGUAGE INTERPRETER

### SIGN LANGUAGE INTERPRETER EXEMPTION REQUEST

#### **THE FOLLOWING ITEMS ARE REQUIRED ALONG WITH A COMPLETED APPLICATION:**

Please attach an additional sheet to include the items listed below. Please submit along with a completed form #3228.

#### Temporary Exemption:

- Describe the reasons why the applicant cannot obtain a license under current requirements.
- Describe any professional credential the applicant possesses.
- Specify the dates sign language interpreter services will be provided.

#### Permanent Exemption:

- Describe the reasons why the individual cannot obtain a license under current requirements.
- IF sign language interpretation services are only provided to one single client, provide their name.

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. §			
Last Name	First Name	MI	Former/Maiden Names
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (street, city, state, zip)		Daytime Telephone Number	
<input type="text"/>		<input type="text"/>	
Mailing Address (if different)		Date of Birth	
<input type="text"/>		<input type="text"/>	
Social Security #	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional			
Ethnicity:	<input type="checkbox"/> White, not of Hispanic Origin	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F		
Will applicant's services only be provided to a single client? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>			
If yes, state the client's name:			
<input type="text"/>			
Email Address			
<input type="text"/>			

No Fee Required. Please check applicable box:

- Temporary Exemption (Up to 1 year)
- Permanent Exemption

For Receiving Use Only

#3228 (Rev. 8/19)  
Ch. 440. Stats.

Committed to Equal Opportunity in Employment and Licensing