

Wisconsin Department of Safety and Professional Services

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DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Inactive454 - Status Renewal Addendum

This form applies to individuals who are renewing a credential in one of the following professions (Barbering Practitioner, Barbering Manager, Cosmetology Practitioner, Cosmetology Manager, Electrologist, Manicurist, Aesthetician) and want the credential to be placed on Inactive status per Wis. Stats 454.06(8m) & 454.23(6).

PLEASE TYPE OR PRINT IN INK

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).

License Holder Last Name	First Name	MI	Former / Maiden Name(s)
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FOR WHICH CREDENTIAL ARE YOU REQUESTING AN INACTIVE LICENSE?

License #: _____ Profession/Credential Type: _____

Please read carefully and sign below:

- I intend to refrain from the practice that is authorized under this license during the period that the license is Inactive.
- I understand that the license will remain Inactive until the next renewal deadline, unless I apply for Active status.
- I understand that I must apply for Active Status and pay the remaining renewal fee of \$5.50 before returning to the practice authorized under this license.
- I understand that if I am renewing an expired credential, I must complete the most recent Continuing Education requirements.
- I understand that if I am renewing an expired credential, I must meet all requirements and pay a \$25 late fee in addition to the pro-rated renewal fee.

Please note: If your license is current and not expired, and you wish to move to an Inactive 454 Status, the fee is pro-rated to \$5.50.

SIGNATURE: _____ DATE: _____

- **On-line renewal is available when applying for Inactive454 Status for the first time. Log into the website and walk through the entire renewal but DO NOT PAY online. See further instructions on the webpage.**
- **Contact the renewal office to request paper renewal forms:**
- **Mail, fax, or email this addendum along with completed renewal forms to the renewal office:**
DSPS – Renewal Unit
PO Box 8935
Madison, WI 53708-8935
Fax (608)251-3036
DSPSRenewal@wisconsin.gov
- **Allow 10-15 business days for this request to be reviewed and processed.**