

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

License Portal: <https://license.wi.gov/>
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

PRIVATE DETECTIVE AGENCY RENEWAL ADDENDUM FOR ONLINE PAYMENTS

Upload completed form into your [LicenSE](#) renewal application. Completion and DSPS approval of the form are required before the license can be renewed.

Agency Name:		License/Credential Number:	
<p>You must check either "yes" or "no." Making a false statement in connection with any application for a credential is grounds for revocation or denial.</p> <p>Has any officer, partner, member, or sole proprietor been convicted within the last two (2) years, since the last renewal or initial issuance of a license/credential (if less than 2 years), of a felony, a misdemeanor, or a violation of any state or local law (other than traffic) that is punishable by a forfeiture, or, are charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a completed Form 2252 (Convictions and Pending Charges), along with an additional \$8.00 CIB fee and all documents listed on the form.</p> <p>Obtain signatures as follows: (Attach additional sheets if necessary.)</p> <p>SOLE PROPRIETORSHIP, the sole proprietor must sign; PARTNERSHIP, all partners must sign; CORPORATION, the secretary and either the president or vice president must sign; and for a LIMITED LIABILITY COMPANY, all members must sign.</p>			
Signature <small>(Provide a digital signature or print and sign form.)</small>		Date (mm/dd/yyyy) <div><div></div><div></div>/ <div></div><div></div>/ <div></div><div></div><div></div><div></div></div>	
Title		Printed Name	
Signature <small>(Provide a digital signature or print and sign form.)</small>		Date (mm/dd/yyyy) <div><div></div><div></div>/ <div></div><div></div>/ <div></div><div></div><div></div><div></div></div>	
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