

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: dsp renewal@wisconsin.gov
Website: <http://dsps.wi.gov>

RENEWAL ADDENDUM FOR PRIVATE SECURITY AND PRIVATE DETECTIVE LICENSES

APPLICANT: Complete this form in full and return to DSPS Renewal by mail, secure fax or email. This form MUST be completed in full, including signature, date and checked boxes. Your renewal will be delayed if not fully completed.

Last Name	First Name	License/Credential #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Agency License/Credential #: <input type="text" value="-62"/>	Name of Agency: (Must hold an agency license that is current) <input type="text"/>	
License Holder Phone #: <input type="text" value="()"/>	License Holder Email Address: <input type="text"/>	
Is License Holders Address New or Updated? Yes <input type="checkbox"/> Or No <input type="checkbox"/>	License Holder Address Update (If answer is Yes, or is needed Only): <input type="text"/>	

Legal Status Statement

If you do not have a Social Security Number on file with us or are exempt from having a Social Security Number, and/or your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since your last renewal (or the issuance of your license if you have not renewed before), please contact the Wisconsin Department of Safety and Professional Services at 608-266-2112 or dsp s@wisconsin.gov.

Affidavit of Credential Holder

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a license/credential or for renewal or reinstatement of a license/credential may result in license/credential application processing delays; denial, revocation, suspension or limitation of my license/credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a license/credential renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority may be cause for disciplinary action.

Continuing Duty of Disclosure

I understand that I have a continuing duty of disclosure as long as my license/credential is current and valid. If information I have provided becomes invalid, incorrect or outdated, since the last renewal or issuance of my license/credential, I understand that I am obliged to provide any information to ensure the information on file for my license/credential remains current, valid, and truthful. I understand that the Department of Safety and Professional Services may view acts of omission as dishonesty and that my duty of disclosure exists as long as my license/credential is current and valid.

License/Credential Holder Charges or Convictions

A holder of any of the credentials/licenses set forth in [Wis. Stat. s. 440.03\(13\)\(b\)](#) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere shall notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall be made by mail and shall be proven by showing proof of the date of mailing the notice. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime and the judgment of conviction in order that the department may determine whether the circumstances of the crime of which the license/credential holder was convicted are substantially related to the practice of the license/credential holder. [Form 2252](#) should be completed and submitted to the department along with the associated fees and all requested documents.

Conviction Statement

- Since the date of your last license renewal (or original application if this is your first renewal), have you been convicted of a MISDEMEANOR, OPERATING WHILE INTOXICATED (OWI), a VIOLATION of any federal, state or local law, OR are criminal charges or OWI charges currently pending against you in this or any other state?
- Since the date of your last license renewal (or original application if this is your first renewal), have you been convicted of a VIOLATION of ANY federal, state or local law or municipal ordinance that is punishable by a fine or forfeiture in this or any other state, OR are federal, state or municipal charges currently pending against you?
- Since the date of your last license renewal (or original application if this is your first renewal), have you been convicted of a FELONY in this state or any other state, OR are FELONY charges currently pending against you?

If the answer to any of the three questions above is YES, you must answer yes below. You may only answer NO if the answer to all questions is no. If the answer is Yes, please also complete form #2252 and return to the DSPS along with all requested documents listed on the form.

[] Yes [] No

By signing this form below, I attest that I have read and acknowledge all information on this form.

Signature: _____ Date: _____
(Print and Sign)