

Wisconsin Department of Safety and Professional Services

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

TRADES FAX PAYMENT FORM

Fax completed form and required documents to 608-267-0592

NOTE: Submission of this form will not expedite the processing of your application for credential or start the initial process, all items are processed in the order they are received. Once all required materials are received, the Department will make a determination on your application for credential within 21 calendar days per Wis. Admin Code. § SPS 305.04(1).

CUSTOMER INFORMATION

Name of Credential Holder:

License/Customer ID #: Telephone Number: - -

Profession(s):

Email Address:

REQUIRED PAYMENT INFORMATION

Same as Customer Information Above

Mark the appropriate box(es) to indicate type of payment.

Initial Credential Fee Application Fee Exam/Retake Renewal Fee/Late Fee CIB Fee

Other: (please list)

Name of Card Holder:

Cardholder's Telephone Number: - -

Cardholder's Address:

(Street) (City) (State) (Zip Code)

Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

Total Amount to Charge: \$

Credit Card Number: - - -

Expiration Date: /



3-digit security code



4-digit security code

Security Code:

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature:

DSPS uses RightFax to ensure safe and secure transmission of your payment information

For Receipting Purposes