

Wisconsin Department of Safety and Professional Services

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

LicensE Portal: license.wi.gov
 Email: dspd@wisconsin.gov
 Website: <http://dspd.wi.gov>

COSMETOLOGY EXAMINING BOARD VERIFICATION OF LICENSURE – COSMETOLOGY

APPLICANT: Complete applicant portion of this verification form and forward it to the Registration Agency. Any alteration made to the form will void the form. Form letters from other Registration Agencies/jurisdictions are acceptable. The Registration Agency may upload verification into the [License Third-Party Portal](#) using the application number you provide below or return verification to you so you can upload verification into your [LicenseE](#) application. (A fee may be required from the Registration Agency.)

Last Name		First Name		MI	Former / Maiden Name(s)	
Full Address (number/street)		(city)		(state)	(zip code)	
Original State of Licensure	<input type="text"/>	Credential Number			Date of Birth	<input type="text"/>
WI Application #	PAR-	Email Address			Phone #	_____ - _____ - _____

REGISTRATION AGENCY: Complete section below. (Form letters are acceptable.) Upload completed form into the Department's [LicenseE Third-Party Portal](#) using the application number above. Alternatively, provide completed form (or form letter) to the above-named applicant. Applicants may upload verifications into their online applications.

Basis of Registration: Exemption Reciprocity Examination Other (specify):

License(s) Held	Issued Date	Expiration Date
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above-named individual?

Yes No **If yes, please attach an additional sheet with details.**

Registration Agency Signature (Provide a digital signature or print and sign form.)	Registration Agency Signature Date
	<input type="text"/>
Registration Agency Staff Member Title	Registration Agency State
	<input type="text"/>

Registration Agency Daytime Telephone Number (with area code)
<input type="text"/> - <input type="text"/> - <input type="text"/> Ext _____