

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

WALL CERTIFICATE WITH WALLET CARD OR GOVERNOR-SIGNED WALL CERTIFICATE REQUEST FORM

(Please allow 7 to 10 business days for processing.)

CUSTOMER INFORMATION:

Name of Credential/License Holder: _____

Credential/License Number(s): _____

Profession(s): _____

REQUIRED PAYMENT INFORMATION:

Mark the appropriate box(es) to indicate type of certificate:

Wall Certificate with Wallet Card (\$10.00 per certificate)

Governor Signed Wall Certificate (\$10.00 per certificate)

Indicate Specialty to be Printed (if any) _____

Wall Certificate with Wallet



Governor Signed Certificate



Note: Not all specialties are available for printing. These certificates may be printed in the same format from your personal computer.

Required Information for Processing: You must provide a mailing address and a daytime phone number.

Name of Card Holder: _____

Same as Customer listed above.

Address to send certificate(s): _____

(unit/street, city, state, and zip code)

Daytime Phone Number: _____

E-mail Address: _____

TOTAL AMOUNT TO CHARGE: \$ _____

**DSPS is only authorized to charge the amount listed.
Incorrect amounts will cause delays in processing.**

Cardholder's Address: _____

(number/street)

(city)

(state)

(zip code)

Credit Card Number: _____

Expiration Date: _____



3-digit security code



4-digit security code

Security Code: (please list)

_____-_____-_____-_____

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 Signature: If unable to provide a digital signature, print and sign form.

For Receiving Purposes