

# 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@wisconsin.gov](mailto:dsp@wisconsin.gov)  
**Website:** <http://dsp.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### PRIVATE DETECTIVE AGENCY RENEWAL ADDENDUM FOR ONLINE PAYMENTS

Complete this form and return directly to DSPS. You may fax/email with cover sheet/letter to: (608) 251-3036 or email to [dsprenewal@wisconsin.gov](mailto:dsprenewal@wisconsin.gov). If the online renewal was completed, completion of the form is required before the license can be renewed.

<b>Agency Name:</b> <input type="text"/>	<b>License/Credential Number:</b> <input type="text"/>
<p><b>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.</b></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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></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><b>Obtain signatures as follows:</b> (attach additional sheets, if necessary)</p> <p><b>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.</b></p>	
<input type="text"/> <b>Signature</b> (Print and Sign Form)	<input type="text"/> <b>Date</b>
<input type="text"/> <b>Title</b>	<input type="text"/> <b>Printed Name</b>
<input type="text"/> <b>Signature</b> (Print and Sign Form)	<input type="text"/> <b>Date</b>
<input type="text"/> <b>Title</b>	<input type="text"/> <b>Printed Name</b>
<input type="text"/> <b>Signature</b> (Print and Sign Form)	<input type="text"/> <b>Date</b>
<input type="text"/> <b>Title</b>	<input type="text"/> <b>Printed Name</b>