

Wisconsin Department of Safety and Professional Services

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DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES

License Transition Renewal Addendum

This form applies to individuals who are renewing a credential in one of the following professions (Cosmetology Practitioner, Cosmetology Manager, Cosmetology Establishment, Cosmetology Instructor, and Cosmetology School) and want the credential to transition to the Barbering equivalent per 2011 Wisconsin Act 190.

SUBMIT SEPARATE ADDENDUMS FOR EACH LICENSE YOU WISH TO TRANSITION.

PLEASE TYPE OR PRINT IN INK Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

License Holder Last Name	First Name	MI	Former / Maiden Name(s)
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FOR WHICH LICENSE ARE YOU REQUESTING A TRANSITION TO BARBERING?

License #: _____ Profession/Credential Type: _____

Please read carefully and sign below:

- I no longer intend to practice as a Cosmetology _____ (Pick one: manager, practitioner, establishment, school, instructor), and instead wish to practice as the Barbering equivalent.
- I understand that the current license will expire and I will be issued a new license upon completion of my renewal.
- I understand that the grant date of the Barbering license will be the same as the grant date of my original, Cosmetology license.
- I understand I will no longer be eligible to practice in the field of Cosmetology in Wisconsin unless I apply for a new license.
- I understand that I am subject to all Wisconsin laws and rules regarding Barbering professions and establishments.

SIGNATURE: _____ DATE: _____

- Contact the renewal office to request paper renewal forms:
- Mail, fax, or email this addendum along with completed renewal forms to the renewal office:
DSPS – Renewal Unit
PO Box 8935
Madison, WI 53708-8935
Fax (608)251-3036
DSPSRenewal@wisconsin.gov
- Allow 10-15 business days for this request to be reviewed and processed.