

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: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING VERIFICATION FORM

Please allow 7 - 10 business days for processing **or** submit your request electronically at <https://app.wi.gov/LicenseVerification>.

CREDIT CARD
\$10.00 FEE PER VERIFICATION

Credit Card Fees	
1 =	\$10.00
2 =	\$20.00
3 =	\$30.00

CHECK/MONEY ORDER
\$10.00 FEE PER VERIFICATION
(made payable to DSPS)

Check/MO Fees	
1 =	\$10.00
2 =	\$20.00
3 =	\$30.00

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.

CUSTOMER INFORMATION:

Name of License/Credential Holder:

License/Credential Number: Profession:

Entity/State to Receive Verification: (Three (3) states max per form.) , ,

If you wish to receive an email notice when the Verification has been processed, please list the email address below.

Email Address:

REQUIRED PAYMENT INFORMATION:

Name of Card Holder:
 Same as Customer listed above.

Daytime Phone Number: - -

Cardholder's Address:
(street) (city) (state) (zip code)

Credit Card Number: - - -

Expiration Date: /



3-digit security code



4-digit security code

Security Code: (please list)

For Receiving Purposes

TOTAL AMOUNT TO CHARGE: \$

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.