

# Wisconsin Department of Safety and Professional Services

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

LicensE: <https://license.wi.gov>  
Email: [dpscredtrades@wisconsin.gov](mailto:dpscredtrades@wisconsin.gov)  
Website: [dps.wi.gov](https://dps.wi.gov)

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING TRADES REPLACEMENT CARD REQUEST FORM

Submit form with credit card information. If submitting a check or money order, make payable to DSPS.

### CUSTOMER INFORMATION

Credential Holder Name:			
License/Customer ID #:		Phone Number:	<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"/>
Profession(s):			
E-mail Address:			

### REQUIRED PAYMENT INFORMATION

Same as Customer Information Above ☐

Name of Card Holder:			
Cardholder's Phone Number:	<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"/>		
Cardholder's Address: (number/street)	(city)	(state)	(zip code)
		<input type="text"/> <input type="text"/>	
<b>Please Note:</b> 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.			
Total Amount to Charge: \$		\$15.00 fee per card	
Credit Card Number:	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"/> - <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"/>		



3-digit  
security  
code



4-digit  
security  
code

Security Code:

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:** (If unable to provide a digital signature, print and sign form.)

For Receipting Purposes