

Wisconsin Department of Safety and Professional Services

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING FAX PAYMENT FORM

Fax completed form and required documents to 608-251-3036

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

NOTE: If paying application fee and/or expedited processing fee, application MUST be faxed with this form.

CUSTOMER INFORMATION

Name of Applicant/Credential Holder:

Application/Credential Number:
(if applicable)

Profession(s):

REQUIRED PAYMENT INFORMATION: Your request will not be processed unless all information below is completed.

If paying application fee, application MUST be faxed with this form. Mark the appropriate box(es) to indicate type of payment.

Initial Credential Fee Exam/Retake Renewal Fee/Late Fee CIB Fee Re-Registration Temporary Permit

Other: (please list)

Name of Card Holder:

Email Address:

Daytime Phone Number: - -

Are you requesting an expedited process? Yes No If yes, include an additional \$10.00 fee for this service.
Expedited processing **only applies to the initial review of the application** and will only be applied if payment is received with application.

Please 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.

Total Amount to Charge: \$

Cardholder's Address:

Street City State Zip Code

Credit Card Number: - - -

Expiration Date: /



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:

For Receipting Purposes

DSPS uses RightFax to ensure safe and secure transmission of your payment information.