

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7082  
Madison, WI 53707-7082  
FAX #: (608) 267-0592  
Phone #: (608) 266-2112

Office Location: 1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [DSpscCredTrades@wi.gov](mailto:DSpscCredTrades@wi.gov)  
Website: <http://dps.wi.gov>

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

Please allow 7 - 10 business days for processing

Submit form with credit card information via fax to 608-267-0592 or  
submit via form with check made payable to DSps to the P.O. Box listed above.

### CUSTOMER INFORMATION

Name of Credential Holder:

License/Customer ID #:  Telephone Number:  -  -

Profession(s):

Email Address:

### REQUIRED PAYMENT INFORMATION

Same as Customer Information Above

Name of Card Holder:

Cardholder's Telephone Number:  -  -

Cardholder's Address:

(Street)  (City)  (State)  (Zip Code)

**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: \$

\$15.00 fee per card

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:

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

For Receipting Purposes