

Wisconsin Department of Safety and Professional Services

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

TRADES PAYMENT FORM

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

NOTE: Submission of this form will not expedite the processing of your application for a credential or start the initial process. All items are processed in the order they are received. Once all required materials are received, the Department will make a determination on your application for credential within 21 calendar days per Wis. Admin Code. § [SPS 305.04\(1\)](#).

CUSTOMER INFORMATION

Name of Applicant/Credential Holder:		License/Customer ID Number:	
E-mail Address:		Telephone Number:	
Profession(s):			

REQUIRED PAYMENT INFORMATION

(Check box if name and phone number are the same as above.)

Mark the appropriate box(es) to indicate type of payment.

Initial Credential Fee
 Application Fee
 Exam/Retake
 Renewal Fee/Late Fee
 CIB Fee
 Other (please list): _____

Name of Card Holder: _____

Card Holder Daytime Phone Number: _____ - _____ - _____

Cardholder's Address (number/street) _____

(city) _____

(state) _____

(zip code) _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

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: \$ _____



3-digit security code



4-digit security code

Security Code:

____ - ____ - ____ - ____

For Receipting Purposes

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.)