P.O. Box 7935
Madison, WI 53707-7935
Telephone: 608-266-9909

Governor Scott Walker
Secretary Eloise Anderson

Division of Family and Economic Security
Bureau of Child Support

Application and Affidavit for Professional/Occupational License

Background

The Bureau of Child Support is providing this form to you to comply with state statutes pertaining to individuals who do not have a Social Security number and who are applying for a professional or occupational license under one of the statutes listed on the application form attached.

If an individual who applies for a license under your agency's respective license statute does not have a Social Security number, the individual, as a condition of obtaining that license, shall submit a statement made or subscribed under oath or affirmation to the board that the individual does not have a Social Security number. The form of the statement shall be prescribed by the Department of Children and Families. A license issued in reliance upon a false statement submitted is invalid.

Instructions

Complete the affidavit in full, and have it signed in the presence of a notary public.

Please keep the original for your agency and mail or FAX a copy of the completed form to:

> Department of Children and Families
> Bureau of Child Support
> Attn: License Coordinator
> P.O. Box 7935
> Madison, WI 53707-7935
>
> Telephone: (608) 266-9909
> Fax: (608) 267-2824

All completed forms must be maintained in a locked, confidential file.

Thank you for your cooperation.

Wisconsin Department of Children and Families
Bureau of Child Support

T 608.266.9909

bcsinfo@wisconsin.gov

Application and Affidavit for Professional/Occupational License
*Please **print** your responses. Each signature on the affidavit must be
signed in the presence of a notary public*

Name – Applicant (Last, First, MI)

Address (Street, City, State, Zip Code)

Mailing Address (if different than above)

Gender ☐ Male ☐ Female	Height (feet) (inches)	Weight	Hair Color	Eye Color
Date of Birth	County of Birth		State of Birth	
Telephone Number ( )	Cell Phone Number ( )		Driver's License No.	

Name – Guardian (Last, First, MI)

Name – Guardian (Last, First, MI)

Affidavit

I hereby attest that I do NOT have a social security number because:
☐ I have an approved IRS Form 4029 (exemption from paying social security taxes)
☐ Other (explanation required) _____

If at any time in the future I obtain a Social Security number, I will provide it with my next license renewal.
I understand that providing a false affidavit automatically makes this application invalid. Therefore, any and all licenses issued as a result will also be invalid and I may be subject to penalties for false swearing under s. 946.32, Stats., and for operating without a valid license under ss. 13.63(1)(a), 13.64(2m), 48.66(2m)(a)2., 49.48(1m), 73.03(50)(c), 93.135(1m), 101.02(20)(e), 102.17(1)(cg)2m., 103.275(2)(bg)2m., 103.91(2)(b)2m., 103.92(2)(b)2m., 104.07(4)(bm), 105.06(1m)(bm), 118.19(1s), 138.09(1m)(c), 138.12(3)(c), 146.51(1m), 146.52(1m), 165.85(3m)(b)2., 170.12(3m)(a)1m., 202.02(4)(b), 217.05(1m)(c), 218.01(2)(ie) 3. and (ig)3., 218.02(2)(a)3., 218.04(3)(a)3., 218.05(3)(am)3., 218.11(2)(am)4., 218.12(2)(am)3., 218.21(2f), 218.31(1f), 218.41(2)(am)3., 218.51(3)(am)3., 224.72(2)(d), 250.041(1m), 299.08(1)am, 341.51(4)(an), 342.06(1)(eh), 343.14(2)(br), 343.305(6)(e)2.am., 343.61(2)(a)1m., 343.62(2)(am), 440.03(11m)(am), 551.32(1)(bs), 562.05(1e), 628.10(2)(cr), 632.68(3)(b)3., 632.68(5)(b)3., 633.15(2)(e), 751.15(3), Stats.

_____ **Signature -** Applicant	_____ Date Signed

Subscribed and affirmed to before me
this _____ day of _____, _____

_____
Notary public, State of Wisconsin

My commission (is permanent)_____ Expires_____

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [Wis. Statutes, s. 49.83].

FOR AGENCY USE ONLY: Agency Name: _____ Date Forwarded to DCF: _____
Agency Contact Name: _____ Contact Telephone Number:_____