**How to Pay My Licensing/Certification Fees**

**For certified applicants in Milwaukee County and *all* licensed applicants:**

The non-refundable application fee can be paid using the Child Care Provider Portal (CCPP). There are two options for the e-payments:

1. **Electronic Funds Transfer** **from your checking or savings account.** There is no extra fee when choosing this option.
2. **Credit or debit card payment.** You will be charged an additional 2% convenience fee.

**Certified applicants in Milwaukee County and *all* licensed applicants** can also pay the **non-refundable application fee** by **check or money order and mail** to your regional licensing agency.

* **Northeastern Regional Office (NERO)** – 200 North Jefferson St. – Suite 411, Green Bay, WI 54301
* **Northern Regional Office (NRO)** – 2187 North Stevens St. – Suite C, Rhinelander, WI 54501
* **Southeastern Regional Office (SERO)** – 635 North 26th St, Milwaukee, WI 53233
* **Southern Regional Office (SRO)** – PO Box 8947, Madison, WI 53708
* **Western Regional Office (WRO)** – 610 Gibson St. – Suite 2, Eau Claire, WI 54701
1. **Find your licensing regional office:** [**https://dcf.wisconsin.gov/cclicensing/contacts**](https://dcf.wisconsin.gov/cclicensing/contacts)
2. **Fill out and print the form below to send in with your payment.**

*\*If you have made an e-payment after submitting your application, please reach out to your local licensing/certification agency to let them know. Your application will not be processed until payment has been received.*

**For certified applicants *not in Milwaukee County*, please contact your certifying agency to arrange for payment of fees. Find your certifying agency:** <https://dcf.wisconsin.gov/files/ccregulation/cccertification/certifiers.pdf>

**Licensing and Milwaukee County Certification**

**Check Remittance Slip for Application and Other Fee Payments**

**Use of form:** Use of this form is voluntary and **may be used by certification applicants in Milwaukee County *and* licensing applicants**. Applicants and providers use this form to send in their application fees and other payments due to the department. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**For certified applicants *not in Milwaukee County*, please contact your certifying agency to arrange for payment of fees. Find your certifying agency:** <https://dcf.wisconsin.gov/files/ccregulation/cccertification/certifiers.pdf>

**Instructions**: Include this completed form along with your payment.

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| **APPLICANT / PROVIDER INFORMATION** |
| Name      | Telephone Number      |
| Address      |
| Email Address      |
| **APPLICATION / PROGRAM INFORMATION** |
| Provider / Location Number      |
| Facility Name (if none leave blank)      |
| Date Application Submitted      |
| **Type of Application Submitted** – Check the type of application you are submitting.[ ]  Initial Application[ ]  Continuation/Renewal Application |
| **PAYMENT INFORMATION** Make check or money order payable to **WI DCF** (include a note in the memo section of check indicating what payment is for) |
| Date Payment Submitted      |
| Total Amount of Payment – Fill in the amount paid$ 0.00 |