

## 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 to Applicant:

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

### Instructions to Agents:

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

Email: [bcsinfo@wisconsin.gov](mailto:bcsinfo@wisconsin.gov)

Fax Number: (608) 422-7165

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

## 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. The completed notarized form must be submitted to the Department of Children and Families. Information provided on this form (including any attachments) may be shared with others for the purpose(s) of administration of the child support program and other related programs [Wis. Statutes, s.49.83]. These forms are saved per record retention requirements.

Full Name of Applicant (First)		(Middle)	(Last)		
Address Street		Apt	City		State
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.
Applicant's Guardian's Full Name (First)		(Middle)	(Last)		
Applicant's Guardian's Full Name (First)		(Middle)	(Last)		

### 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 application for 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.

\_\_\_\_\_  
Applicant Signature

### NOTARY

State of Wisconsin, County of \_\_\_\_\_

Notary's Seal

This document was signed before me on (date) \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary's Expiration Date

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