

**Background**  
**Application and Affidavit for Professional / Occupational License**

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

If an individual applies for a license and under this 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. A license issued in reliance upon a false statement submitted is invalid.

**INSTRUCTIONS**

Complete the affidavit and sign it in the presence of a notary public.

Keep the original for your records and mail or FAX a copy of the completed form to:

Department of Health Services  
Bureau of Environmental & Occupational Health  
Attn: Food Program Manager  
1 West Wilson Street, Room 150  
Madison, WI 53702

Phone: (608) 266-8351

Fax: (608) 267-3241

All completed applications received will be maintained in a locked, confidential file.

Thank you for your cooperation.

Wisconsin Department of Health Services  
Bureau of Environmental & Occupational Health

**PROFESSIONAL / OCCUPATIONAL LICENSE APPLICATION AND AFFIDAVIT**

Please **print** responses. Each signature on the affidavit must be signed in the presence of a notary public.

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].

<b>Full Name of Applicant</b> (First, Middle, Last)			<b>Maiden Name</b>	
<b>Street Address</b> (Include Apartment number)		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address</b> (if different than Street Address)		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Height</b> (feet) (inches)	<b>Weight</b>	<b>Hair Color</b>	<b>Eye Color</b>
<b>Date of Birth</b> (mm/dd/yyyy)	<b>County of Birth</b>	<b>State of Birth</b>		
<b>Phone Number</b> ( )	<b>Cell Phone Number</b> ( )	<b>Driver's License No.</b>		
<b>Applicant's Father's Full Name</b> (First, Middle, Last)				
<b>Applicant's Mother's Maiden Name</b> (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 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., 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 \_\_\_\_\_

**NOTARY**

Subscribed and affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, State of Wisconsin  
My commission (is permanent) \_\_\_\_\_ Expires \_\_\_\_\_

<b>FOR AGENCY USE ONLY:</b> Agency Name: _____ Date Forwarded to DHS: _____
Agency Contact Name: _____ Contact Phone Number: _____