

**WISCONSIN INTERPRETING AND TRANSLITERATING ASSESSMENT (WITA)  
PERMANENT STATUS REQUEST**

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Name (First, Last)

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Previous Name on File (If Applicable)

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Month and Year you took the WITA	Month and Year your WITA Expires
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Email Address

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Submit this completed form to [DHSWIBEI@dhs.wisconsin.gov](mailto:DHSWIBEI@dhs.wisconsin.gov)