

# Application and Affidavit for Professional/Occupational License



State of Wisconsin  
Department of Children & Families

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

<b>Full Name of Applicant</b> (First)		(Middle)	(Last)	(Maiden)
<b>Address</b> Street		Apt	City	State      Zip Code
<b>Mailing Address</b> (if different than above)				
<b>Gender</b> male/female	<b>Height</b> (feet)	(inches)	<b>Weight</b>	<b>Hair Color</b> <b>Eye Color</b>
<b>Date of Birth</b>		<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.

\_\_\_\_\_  
Applicant's signature Date

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].*  
DCF-F-2462-E (N. 02/2009)

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