



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management
PO Box 8911
Madison WI 53708-8911
Phone: (608) 224-4500

For Office Use Only

License Number: _____

Date received: _____

Request for Social Security Number (SSN) (Wis. Stat. § 93.135)

PLEASE READ THIS IMPORTANT NOTICE

PLEASE COMPLETE THIS FORM, ATTACH IT TO THE APPLICATION, AND RETURN IT IN THE ENVELOPE PROVIDED OR MAIL IT TO THE ADDRESS LISTED ON THE APPLICATION.

Wis. Stat. § 93.135 requires the Department to collect the Social Security Number (SSN) of every Sole Proprietor or individual applying for an original license, registration, permit or certificate. This also applies to married couples listed on the same license. Please copy and complete an additional form for a spouse to be included on the license.

This requirement DOES NOT APPLY TO:

- 1. Any of the following: Limited Partnerships, Limited Liability Partnerships (LLP), Limited Liability Companies (LLC), Corporations or Cooperatives. Please do not substitute a Federal Employer Identification Number (FEIN) for the SSN, even if you are an individual that holds both of these numbers.
2. General Partnerships. However, any licensee operating as a General Partnership must provide a copy of the legal partnership agreement, or page 1 of its most recently filed IRS form 1065, as proof of their exemption from the requirement (return documentation with your application).

Wis. Stat. § 93.135 requires the Department to collect the SSN from each applicant who is an individual or a sole proprietor and provide it to the Department of Children and Families. The Department will handle and protect the confidentiality of SSN in accordance with its Security of Personal Information policy.

BY LAW, THE DEPARTMENT MAY NOT ISSUE A LICENSE, CERTIFICATE, REGISTRATION, OR PERMIT TO AN INDIVIDUAL OR SOLE PROPRIETOR UNTIL THE APPLICANT PROVIDES HIS OR HER SSN.

1. Individual's Complete Legal Name: _____
First Middle Last

2. Also operating under the following business names (please list if any): _____

3. Social Security Number (Individuals and Sole Proprietors must provide their SSN) - Do not supply FEIN.

SSN input boxes: [][][] - [][] - [][][][]

NOTE: If this license, permit, certificate, or registration is to be issued to a married couple, each individual must complete a separate form and return it with the application. This form can be photocopied/duplicated. Each individual must complete a separate form.

Social Security Numbers provided are CONFIDENTIAL under Wis. Stat. § 93.135(2). The Department is prohibited from the disclosure of an applicant's Social Security Number to any entity other than the Department of Children and Families.

Mail the completed form to:

**WDATCP
Pesticide Certification Program
P. O. Box 8911
Madison, WI 53708-8911**