

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

ACTIVE DUTY/DISCHARGE RENEWAL EXTENSION

This form applies to individuals and their spouses who are on Active Duty in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state at the time of license renewal, and whose primary residence is in Wisconsin.

This form also applies to individuals and their spouses who have been discharged within the last 180 days from the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state. Email completed form to DSPSrenewal@wisconsin.gov or mail to the address above.

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

License Holder Last Name	First Name	MI	Former / Maiden Name(s)
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WHICH CREDENTIAL ARE YOU REQUESTING A RENEWAL EXTENSION?

License #: _____ Profession/Credential Type: _____

What is your permanent state of residence? _____ In what state are you registered to vote? _____

A. WHICH METHOD OF EXTENSION ARE YOU REQUESTING?

ACTIVE DUTY at time of renewal (Check one of the two boxes below and include **current military orders** for that person.):

- ☐ I am/will be on Active Duty at the time this license expires and request that this license remain active for 180 days after the date of discharge or until the end of the next credentialing biennium, whichever date comes first.
- ☐ My Spouse is/will be on Active Duty at the time this license expires and I request that this license remain active for 180 days after the date of discharge or until the end of the next credentialing biennium, whichever date comes first. **(Include a letter describing how the Active Duty prevents you from working at this time.)**

Spouse's Name: _____

DISCHARGED from active duty in the last 180 days (Check one of the two boxes below and include Wisconsin Department of Veterans Affairs [Form #DD214](#) for that person.):

- ☐ I was discharged from active duty in the last 180 days and request that this license remain active until the next renewal deadline.
- ☐ My Spouse was discharged from active duty in the last 180 days and I request that this license remain active until the next renewal deadline.

Spouse's Name: _____

- You are not required to pay the renewal fee or meet renewal requirements until the next renewal deadline.
- Allow five to seven business days for this request to be reviewed and processed.

B. ARE YOU REQUESTING A WAIVER OR EXTENSION FOR YOUR CONTINUING EDUCATION (CE)?

- ☐ I am requesting a complete waiver of my CE requirement (Submit a letter describing the undue hardship that completing your CE would cause.)
- ☐ I am requesting an extension of time in order to complete my CE requirement (Submit a letter describing the undue hardship that completing your CE prior to renewal would cause.)
- ☐ I am not requesting a waiver or extension (Review and sign the CE question on the back of your renewal coupon. The renewal cannot be processed until either CE is complete or a CE waiver or extension is granted.)

SIGNATURE: _____ DATE: ____/____/____

If unable to provide a digital signature print and sign form.