



## ELIGIBILITY APPLICATION PROFESSIONAL/OCCUPATIONAL LICENSURE FEE WAIVER

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Completion of this application will result in the generation of an eligibility code for a professional/occupational licensure fee waiver, assuming all eligibility criteria are met. This code will be provided to you and will be verifiable, through this agency, by any professional or occupational license granting entity listed in [s.45.44, Stats.](#)

**Please Provide Supporting Documentation Required** — Check which item you are submitting.

**National Guard and/or Reserves:**

- Discharge Document or  Commander’s Letter (see sample on reverse side)

**Other Service:**

- Discharge Document

**Please Provide Proof of Residency such as:** Failure to provide residency documentation may result in a Fee Waiver delay.

- [State voting record](#)
- County voting record
- Wisconsin driver’s license
- Wisconsin income taxes
- Form DOD 2058, State of Legal Residence
- Wisconsin resident hunting license
- Wisconsin resident fishing license
- Municipal voting record
- Proof of residency for instate tuition purposes at a University of Wisconsin or Wisconsin Technical College Institution
- Form WDVA 0005, [Notarized Residence Affidavit](#)

Veteran’s Name: \_\_\_\_\_  
*First Middle Last*

Veteran’s Phone Number: \_\_\_\_\_

Veteran’s Address: \_\_\_\_\_  
*Street City, State, Zip*

Update my address on file with the above address.

Veteran’s Social Security Number: \_\_\_\_\_ (Social Security Number provides faster response time.)

How do you want to receive your eligibility code?

Send To Above Address

Send To This Email Address \_\_\_\_\_  
(Faster response is by email.)

Under penalties of law, I declare that the above information is true, correct and complete, to the best of my knowledge.

\_\_\_\_\_  
Veteran’s Signature

\_\_\_\_\_  
Date

## SAMPLE COMMANDER'S LETTER

Unit Name  
Unit Address  
Unit Contact Info

Date

Memorandum for Record

Subject: Wisconsin Veterans Professional/Occupational Licensure Fee Waiver Program  
Honorable Service Verification

{Rank, Name of Service Member} has served honorably while assigned to this unit since {begin date}.

Respectfully,

Commander's Signature Block