

Wis. Stats. Chapter 45

ELIGIBILITY APPLICATION PROFESSIONAL/OCCUPATIONAL LICENSURE FEE WAIVER

PROFESSIONAL/OCCUPATIONAL LICENSURE FEE WAIVER		
Personal information you provide may be used for secon	ndary purposes [Privacy Law, s.15.04	·(1)(m)].
The provision of your social security number is voluntar	ry. Failure to provide your social sec-	urity number may result in an information processing delay.
	ia are met. This code will be	gibility code for a professional/occupational licensure be provided to you and will be verifiable, through this listed in <u>s.45.44</u> , <u>Stats</u> .
Please Provide Supporting Documenta	ation Required — Check v	which item you are submitting.
National Guard and/or Reserves:		
☐ Discharge Document or ☐	Commander's Letter (see se	ample on reverse side)
Other Service:		
☐ Discharge Document		
• Form WDVA 0005, Notarized Re	e on purposes at a University o	of Wisconsin or Wisconsin Technical College Institution
Veteran's Name: First	Middle	Last
Veteran's Phone Number:		
veteran s i none number.		
Veteran's Address:		
Street		City, State, Zip
Update my address on file with the ab	pove address.	
Veteran's Social Security Number:		(Social Security Number provides faster response time.)
How do you want to receive your eligibil Send To Above Address Send To This Email Address	•	
(Fa	aster 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