

Hearing or Speech Impaired Only:  
TTY# (608) 267-2416  
TRS# 1-800-947-3529  
Phone: (608) 266-0627

**State of Wisconsin**  
**Department of Regulation & Licensing**

P.O. Box 8935, Madison, WI 53708-8935  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov/>  
FAX #: (608) 267-1803

**PRIVATE DETECTIVE AGENCY RENEWAL ADDENDUM FOR ONLINE PAYMENTS**

Agency Name: \_\_\_\_\_ Credential Number: \_\_\_\_\_

Please fill in the agency name and credential number and complete the information below. You can then fax this form to the Renewal Office at (608) 267-1803. Even though you paid online, the renewal requirements will not be complete until we receive the necessary signatures on this form and a copy of the new bond or proof of insurance if the expiration date is prior to 9/1/09.

You must check either "yes" or "no", and obtain signatures as follows: For a SOLE PROPRIETORSHIP, the sole proprietor must sign; for a PARTNERSHIP, all partners must sign; for a CORPORATION, the secretary and either the president or vice president must sign; and for a LIMITED LIABILITY COMPANY, all members must sign.

YES  NO HAS ANY OFFICER, PARTNER, MEMBER OR SOLE PROPRIETOR BEEN CONVICTED WITHIN THE PAST TWO YEARS OF A FELONY, A MISDEMEANOR OR A VIOLATION OF ANY STATE OR LOCAL LAW (OTHER THAN TRAFFIC) THAT IS PUNISHABLE BY A FORFEITURE, OR, ARE CHARGES PENDING? (If YES, provide information.)

\_\_\_\_\_  
SIGNATURE AND TITLE

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PRINT NAME HERE

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DATE

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SIGNATURE AND TITLE

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PRINT NAME HERE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
PRINT NAME HERE

\_\_\_\_\_  
DATE

**MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.**