



SOCIAL SECURITY NUMBER REQUEST FORM

PLEASE READ THIS IMPORTANT NOTICE

Section 93.135, Wis. Stats., requires the department to collect the Social Security Number (SSN) of every individual applying for an original or renewal license registration or certificate. This requirement DOES NOT APPLY to Corporations, Cooperatives, Trusts, Partnerships, or to persons who sign the application on behalf of the corporation, cooperative, trust or partnership. Please do not substitute a Federal Employer Identification Number for the Social Security Number, even if you are an individual that holds both numbers. We only need to collect the SSN once; you will not be required to provide it at each renewal.

The department is required by law to provide the collected Social Security Numbers (SSNs) to the Department of Children and Families. The collection of SSNs and the provision of SSNs to the Department of Children and Families will be done in a manner which will protect the confidentiality of SSNs. When a SSN is received in department offices, the SSN will be entered into the department's computer system and the paper document on which the SSN was written will be shredded.

(Please copy and complete an additional form for each individual licensee.)

BY LAW, THE DEPARTMENT MAY NOT ISSUE OR RENEW A LICENSE UNTIL THE SSN OF THE INDIVIDUAL IS PROVIDED.

(Please use complete legal name.)

Name on License or Certification: _____
FIRST MIDDLE LAST

Doing Business As (if applicable): _____

Social Security Number: _____

License or Certification Type: _____

*Any personally identifiable information, as defined under s. 19.62(5), Stats., requested on this form may be used for purposes other than that for which it is originally being collected (s. 15.04(1)(m), Wis. Stats.). Social Security Numbers are CONFIDENTIAL by law.

*This form can be photocopied or duplicated if more than one individual will be named on the license. Each individual should fill out a separate form.

Please complete and return this form to:

DATCP – TCP
CONFIDENTIAL
ATT: Petroleum Certification
PO Box 7837
Madison, WI 53707-7937