



## WI Procedures for Applying for Examination (Out of State or Late Renewal After 5 Years Candidate)

The following information will assist you with the necessary procedures for applying for your examination:

### APPLICATION PORTION FILLED OUT BY CANDIDATE

- You must complete and submit this application or you may apply online at [www.dlroope.com](http://www.dlroope.com).
- Select an exam week and write it in the space provided on the front of the application. (Practical exam.)
- Check the exam areas that you are applying for. (ex: Practical and Written)
- Check the exams that you are applying for. (ex: Cosmetologist, Nail Technology, etc.)
- Check only one box for the delivery of your **practical result** letter.
- Check the language preference for the **written exam**. (If no language is selected it defaults to English.)
- You must sign your application.
- Unless previously submitted, you must include **1 – 2x2 instant passport style photo** with your exam application.  
**Photos must be a front view of your head and shoulders with a solid background. See sample on page 5.**
- Unless previously submitted and has not expired, you must include a current photocopy of your photo identification with your signature that you will present at the exam site.  
(Driver's License, State ID, current passport, etc.) See sample on page 5.
- Submit a cashier's check or money order made out to D.L. Roope. (**NO** personal checks are accepted.)
- Please do not staple or tape the money order, your photo, or the copy of your photo ID to this application.**
- Print a D.L. Roope Administrations LLC Candidate Handbook, NIC Candidate Information Bulletin and Frequently Asked Questions at [www.dlroope.com](http://www.dlroope.com).

### DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES REQUIREMENTS

<b>Out of State</b>	Candidates must contact the Department of Safety and Professional Services (DSPS) to at 1-608-266-2112 to inquire if you are eligible for licensure by reciprocity or if you may take the examination to be eligible for licensure <b>BEFORE</b> submitting this application to D.L. Roope Administrations LLC.
<b>Late Renewal After 5 Years Examination</b>	Candidates must contact the Department of Safety and Professional Services (DSPS) to determine if you are eligible to take the examination to renew a lapsed license at 1-608-266-2112.

Once D.L. Roope Administrations LLC receives this application, the DSPS will be contacted for review and approval. If you have questions regarding the requirements for licensure, you may visit the DSPS website at [www.dsps.wi.gov](http://www.dsps.wi.gov) or contact the DSPS office at 1-608-266-2112 for information regarding requirements for licensure.

### PROCEDURES ONCE D.L. ROOPE ADMINISTRATIONS RECEIVES A **COMPLETE** APPLICATION

**You may take the written exam before or after you take the practical exam. Please do not schedule your written until you have received your practical admission letter to avoid scheduling it on the same date and time as your practical.**

### PRACTICAL EXAMINATION

After the deadline date of the week requested, the exams are scheduled for one of the days during the requested exam week. An admission letter is **mailed** to the mailing address that you provided on your application. The admission letter will have the date and time of your **practical exam**. Once you have taken the practical exam, your results will be either posted on our website [www.dlroope.com](http://www.dlroope.com) or mailed based on what you indicated on your application. A message is posted on our website by exam date once the results are available. If the date that you tested is not indicated on the message board, then the results are not available yet.

### COMPUTERIZED WRITTEN EXAMINATION

Once D.L. Roope Administrations receives a **complete** application, the candidate's information will be sent to Iso Quality Testing (IQT), the company that administers the computerized written exams, on the day we receive the application. The candidate will receive an email from IQT explaining instructions on how to apply for the written exam if an email address was provided. (Please make sure to **clearly print your personal email address** on the application.) If no email address was provided, IQT will mail instructions on how to apply for the written exam. If you want to take the written exam on the same day as your practical exam, you must wait to schedule your written exam until after you have received your practical exam admission letter confirming your practical date and time. Written result letters are provided to the candidate on site after completing the computerized written exam. Official results are sent electronically to the Department of Safety and Professional Services (DSPS).



# WISCONSIN



## Out of State & Late Renewal After 5 Years

You are required to complete both sides of this application or you may apply online at [www.dlroope.com](http://www.dlroope.com). Please **PRINT** clearly using a ballpoint pen or typewriter. Submit along with a cashier's check or money order made payable to D.L. Roope Administrations LLC. **PERSONAL CHECKS WILL NOT BE ACCEPTED AND MAY DELAY SCHEDULING.** Fees are **NOT** refundable or transferable and will be applied to the requested and approved exam week. It is recommended that you read all of the information contained in the Candidate Information Bulletin (CIB). A CIB may be obtained by visiting our web site at [www.dlroope.com](http://www.dlroope.com).

If you have a disability and require accommodations in accordance with the Americans with Disabilities Act of 1991, please contact D.L. Roope Administrations LLC at 1-888-375-2020 to request the required forms. The required forms and medical documentation must be submitted with this application and is subject to approval.

### PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	
MAILING ADDRESS		APT #	CITY/TOWN	STATE ZIP CODE
SOCIAL SECURITY NUMBER		HOME PHONE NUMBER		WORK PHONE NUMBER
CELL PHONE NUMBER		PHOTO IDENTIFICATION NUMBER (e.g. Driver's License, Photo ID etc.)		

\*Please **PRINT** your e-mail address **CLEARLY** and legibly as it will be used to transmit your computerized written approval. The e-mail address that you provide **CANNOT** be used by another testing candidate. If you do not have an e-mail address you will receive approval in the mail.

\*E-MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

### PLEASE CHECK THE EXAMINATIONS THAT YOU ARE APPLYING FOR:

- Practical Examination
- Computerized Written Examination      Written language preference:  \*English  Vietnamese  Korean  Spanish
- \* If no language preference is selected for the written examination, you will be given an English examination.**

### PLEASE CHECK THE EXAMINATION THAT YOU ARE APPLYING FOR:

<input type="checkbox"/> Cosmetologist (CA)	<input type="checkbox"/> Electrologist (EL)	<input type="checkbox"/> Aesthetician/Esthetician (ES)	<input type="checkbox"/> Manicurist/Nail Technician (NT)	<input type="checkbox"/> Barber/Barber Stylist (BS)
<input type="checkbox"/> ** CA Instructor	<input type="checkbox"/> ** EL Instructor	<input type="checkbox"/> ** ES Instructor	<input type="checkbox"/> ** NT Instructor	<input type="checkbox"/> ** BS Instructor

**\*\*ATTENTION INSTRUCTOR CANDIDATES:  
INSTRUCTOR PRACTICAL EXAMINATION ARE ONLY OFFERED AT THE MILWAUKEE LOCATION.**

## RESULT LETTER DELIVERY OPTIONS

### ATTENTION: PLEASE CHECK ONLY ONE BOX FOR DELIVERY OF YOUR RESULT LETTER:

- Result letter available on D.L. Roope website.** Result letters will be available to view and print from our website at [www.dlroope.com](http://www.dlroope.com). A message will be posted on the website when they are available.
- Result letter mailed.** If your result letter is mailed to you it will **NOT** be available on our website to view or print.

MO # _____ Pd _____ App. _____ Init. _____ SC# _____ TC _____ Rec'vd Date _____	<b>WI</b>
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**WISCONSIN EXAMINATION FEES, DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DSPS)  
FEES AND TEMPORARY PERMIT FEES**

Online exam applications are available on our website at [www.DLRoope.com](http://www.DLRoope.com). Exam fees and licensing fees may be paid through our secure credit card processing service using a credit card or debit card (Visa, MasterCard, and American Express). There is a credit card processing fee of \$10.00 per examination that is utilized to pay the credit card processing fees and is not a fee that is charged by the DSPS. Candidates may also choose to mail a bank check or money order along with a completed paper exam application to D.L. Roope's Corporate Office.

**COSMETOLOGIST, AESTHETICIAN (NIC ESTHETICIAN), ELECTROLOGIST, MANICURIST (NIC NAIL TECHNICIAN) & INSTRUCTORS (ALL DISCIPLINES EXCEPT BARBER INSTRUCTOR)**

**Original (First Time or Previous No Show) fees are as follows:**

- Total Practical Fee ~ \$177.00 (Includes DSPS Fees and D.L. Roope Exam Fees)
- Total Written Fee ~ \$137.50 (Includes DSPS Fees and D.L. Roope Exam Fees)
- \*\*DSPS Temporary Work Permit Fee ~ \$10.00 if you choose to apply for a Temporary Work Permit.

**Retake (Failed Previously) fees are as follows:**

- Total Practical Fee ~ \$155.00 (Includes DSPS Fees and D.L. Roope Exam Fees)
- Total Written Fee ~ \$95.50 (Includes DSPS Fees and D.L. Roope Exam Fees)

**BARBER (NIC BARBER STYLIST) & BARBER INSTRUCTOR**

**Original (First Time or Previous No Show) fees are as follows:**

- Total Practical Fee ~ \$226.00 (Includes DSPS Fees and D.L. Roope Exam Fees)
- Total Written Fee ~ \$137.50 (Includes DSPS Fees and D.L. Roope Exam Fees)
- \*\*DSPS Temporary Work Permit Fee ~ \$10.00 if you choose to apply for a Temporary Work Permit.

**Retake (Failed Previously) fees are as follows:**

- Total Practical Fee ~ \$155.00 (Includes DSPS Fees and D.L. Roope Exam Fees)
- Total Written Fee ~ \$95.50 (Includes DSPS Fees and D.L. Roope Exam Fees)

**\*\*ATTENTION INSTRUCTOR CANDIDATES:  
INSTRUCTORS ONLY TAKE THE PRACTICAL EXAMINATION (WRITTEN IS NOT REQUIRED) AND TEMPORARY WORK PERMITS  
ARE NOT ISSUED TO INSTRUCTOR CANDIDATES.**

**APPLICATION AUTHORIZATION**

**Please check the appropriate box:**

- Renewal After 5 Years Candidate (Must contact the Department of Safety and Professional Services (DSPS) to determine eligibility to take the exam to renew a lapsed license at 1-608-266-2112).
- Out of State Candidate (Must contact the Department of Safety and Professional Services (DSPS) at 1-608-266-2112 to inquire if you are eligible for licensure by reciprocity or if you may take the exam to be eligible for licensure BEFORE submitting this application to D.L. Roope Administrations LLC)

Once D.L. Roope Administrations LLC receives this application, the DSPS will be contacted to determine if you are eligible to take the examination.

I affirm that I am eligible to be scheduled for the examination indicated on this application in accordance with the requirements established by the Department of Safety and Professional Services (DSPS) for examination eligibility. I affirm that all information provided in connection with this application is true to the best of my knowledge and belief. I affirm this with the understanding that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient reason to suspend, deny or revoke a license issued by the DSPS.

I hereby authorize and direct any person, agency, firm, or other entity to release to the DSPS or its identified agent any and all information, communications, recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

I certify that I have reviewed and will comply with the Wisconsin Laws and Rules governing the practice of Cosmetology and related fields in Wisconsin.

I hereby understand that receiving a passing score does not guarantee licensure and that all requirements for licensure must be met as set forth by the DSPS. Please refer to the Wisconsin State Laws and Rules for detailed requirements for licensure.

I also understand that it is recommended that I completely read all of the information contained in the D.L. Roope Administrations Candidate Handbook and the NIC Candidate Information Bulletin (CIB). A Handbook and CIB may be obtained at [www.dlroope.com](http://www.dlroope.com).

I further understand that I will be required to present current government issued Photo Identification (Driver's License or State ID) to be admitted to my scheduled examination. If I cannot be admitted, my examination fee will be forfeited. I also understand the test facility rooms and the lobby may be video recorded and that I cannot request or receive access to the recordings due to security and confidentiality reasons.

**APPLICANT SIGNATURE (REQUIRED).....**

**THE FOLLOWING INFORMATION IS REQUIRED  
YOU WILL NOT BE SCHEDULED UNTIL ALL REQUIRED INFORMATION IS RECEIVED**

- ❑ **ALL APPLICANTS MUST ATTACH A CLEAR PHOTOCOPY OF CURRENT GOVERNMENT ISSUED PHOTO IDENTIFICATION THAT WILL BE PRESENTED AT THE EXAM SITE.**  
(e.g. Driver's License, State ID, Passport etc.)
- ❑ **ALL APPLICANTS MUST ALSO ATTACH ONE 2X2 INSTANT PASSPORT STYLE PHOTO.**  
PHOTO MUST BE A FRONT VIEW OF HEAD AND SHOULDERS WITH A SOLID BACKGROUND.  
**SEE SAMPLES – DO NOT USE STAPLES OR TAPE!**



**POSTAL SERVICE MAIL DELIVERY (ALLOW 3- 5 DAYS): D.L. Roope Administrations LLC 4400 140th Ave N Suite 230 Clearwater, FL 33762**

**CONTACT US:**

**Toll free: 888-375-2020**

**Website: [www.dlroope.com](http://www.dlroope.com)**

# BACKGROUND CHECK AND PERMIT APPLICATION

## SCREENING QUESTIONS

### \* Question 1A

Have you ever been convicted of a felony committed while engaged in the practice of barbering or cosmetology?

- No  
 Yes (If Yes, submit form #2253-*Barbering and Cosmetology Convictions Form* and the \$8.00 fee to DSPS.)

To print the ***Barbering and Cosmetology Convictions Form*** [click](https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf) here: <https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf>.

### \* Question 1B

Have you ever been convicted of a felony, misdemeanor, or other violation of federal, state, or local law involving the use of alcohol or other drugs?

- No  
 Yes (If Yes, submit form #2253-*Barbering and Cosmetology Convictions Form* and the \$8.00 fee to DSPS.)

To print the ***Barbering and Cosmetology Convictions Form*** [click](https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf) here: <https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf>.

### \* Question 1C

Have you ever surrendered, resigned, cancelled, or been denied a professional license or other credential in Wisconsin or any other jurisdiction?

- No  
 Yes (If Yes, in the box below or as an attachment in *Section 7* of this application, provide the details, including the name of the profession and the agency and the date of the action.)

*Type the details. Include the name of the profession and the agency.*

### \* Question 1D

Has any licensing or credentialing agency ever taken disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation?

- No  
 Yes (If Yes, in the box below or as an attachment in *Section 7* of this application, provide the details of the action, including the name of the credentialing agency and the date of the action.)

*Type the details of the action. Include the name of credentialing agency and date of action:* \_\_\_\_\_

### \* Question 1E

Is disciplinary action pending against you in any jurisdiction?

- No  
 Yes (If Yes, in the box below or as an attachment in *Section 7* of this application, provide the details about the pending action, including the name of the agency and the status of the action.)

*Type the details of the pending action. Include the name of the agency and the status of the action:* \_\_\_\_\_

### \* Question 1F

Do you currently hold or have you in the past held any credential (license) issued by the Department of Safety and Professional Services or any of the Boards?

- No  
 Yes

If Yes, what type of credential? \_\_\_\_\_

Have you ever been credentialed (licensed) under any other name(s) issued by the DSPS or any of the Boards? If yes, state name(s) credentialed under: \_\_\_\_\_.

## TEMPORARY LICENSE

### NOT ISSUED TO INSTRUCTOR CANDIDATES

If you would like to request a temporary license, you may check the box on this paper exam application and submit this form with the \$10 temporary license fee. Your temporary license will be emailed to you within 24 hours after *DSPS Approval*.

**IMPORTANT:** If you have previously received a temporary license, you are **not** eligible for a second temporary license.

\_\_\_ No. I would not like to apply for a temporary license.

\_\_\_ Yes. I would like to apply for a temporary license.

# BACKGROUND CHECK AND PERMIT APPLICATION

## CERTIFICATION OF LEGAL STATUS

\* I declare under penalty of law that I am (check one):

- a citizen or national of the United States, or
- a qualified alien or nonimmigrant lawfully present in the United States as defined below:

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## ATTACH ADDITIONAL FORMS/DOCUMENTATION

If you are required to supply documentation, you may do so with this application. If you do not have your completed documents available, you can save this application until you are able to supply the required information.

Additional documentation is required for:

- A "Yes" Response to a Screening Question- If you have answered "Yes" to screening questions 1C-1E, attach the required documents. If you have answered "Yes" to 1A or 1B, you must submit the *Barbering and Cosmetology Convictions Form* to **DSPS**. Please do not submit the *Barbering and Cosmetology Convictions Form* with this application.
- Late Renewal After 5 Years- If you previously held this Wisconsin license and the license has been inactive for over 5 years, attach your *Approval Letter* from the Wisconsin Department of Safety and Professional Services (DSPS).
- Apprentice Program Participants- If you are participating in the Apprentice program, you must send your *Apprentice Practical Certification of Training* form to DSPS.

Please attach your documents.

## AFFIDAVIT OF APPLICANT

### Affidavit of Applicant

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

\*

- By checking this box, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_