

When the business is owned by an individual or partnership, all business owners must sign and date this form.

I hereby certify that all the information contained herein is true to the best of my knowledge.

Printed Owner Name	Are you a Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date Signed
Printed Owner Name	Are you a Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date Signed
Printed Owner Name	Are you a Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date Signed
Printed Owner Name	Are you a Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date Signed

NOTE: In future correspondence please identify yourself by full name, business name, and sanitary license number on any letters, forms, checks, etc., which you send to the Department of Natural Resources.

Please provide the names, certification numbers and expiration dates of those operators you will have employed at the time your business license is issued.

Name and Address	Certification No.	Certificate Expiration Date

NOTE: When a business hires new employees who are not certified operators, a Septage Operator in Training Notification (Form 3400-174) must be submitted before the operator's start date. See NR 114.16(2).

Notice: Individuals are required to provide a social security number (SSN) or Federal Employer Federal Identification Number (FEIN) to be used as specified below.

1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:
 - under s. 29.024(2g)(a) Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
 - under 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals
2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:
 - under s. 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
 - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

Purpose: The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

For copies of the State Statutes, contact the Wisconsin Revisor of Statutes Bureau.

- Visit their internet site at <http://www.legis.state.wi.us/rsb/> or
- If you do not have internet access, call (608) 266-2011.

Instructions

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and **Social Security Number (SSN)** if your application is for any **personal** license, permit, registration or certification.
- Your name, phone number, address and **Federal Employer Identification Number (FEIN)** if your application is for any **business** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

NOTE: If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

Applicant Information

Last Name	First	MI	Telephone Number	SSN For Individual
Business			Business Telephone Number	FEIN For Business
Address		City	State	ZIP Code

Certification

I certify that information provided on this form is true and correct.

Applicant Signature	Date Signed
---------------------	-------------

DNR Use Only

License, Registration, Certification or Permit Type	License, Registration, Certification or Permit Number
---	---