



Wisconsin Department of Public Instruction  
**LICENSE APPLICATION—  
 INITIAL IN-STATE  
 TEACHING OR PUPIL SERVICES**  
 PI-1602-IS (Rev. 12-04) Page 2

**FOR INFORMATION CONTACT**

Telephone No. (608) 266-1027  
 Voice Mail No. 1-800-266-1027  
 Web Site [www.dpi.state.wi.us/dlsis/tel](http://www.dpi.state.wi.us/dlsis/tel)  
 Application forms [www.dpi.state.wi.us/dlsis/tel/applications.html](http://www.dpi.state.wi.us/dlsis/tel/applications.html)  
**DO NOT FAX THE APPLICATION.**

**I. APPLICANT INFORMATION**

Legal Name	First	Middle	Last
Previous Name(s)	Social Security Number*		Date of Birth Mo./Day/Yr.
Address			P.O. Box
City	State	Zip Code	Zip Plus 4 digits
Primary Telephone (include area code)	Ext.	Alternate Telephone (include area code)	Ext.
Email Address			

**II. LICENSE(S) REQUESTED**

*Indicate grade level(s), subject(s), and position(s) for which you are requesting a license.*

Grade Level(s) / Developmental Range(s)	Subject(s)/Category(ies) and/or Position(s)	Date License is to Begin: July 1, _____
		Driver's License Number and State <i>(Only if requesting Driver Ed. License)</i>

**III. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT**

*List each institution where you earned a degree or completed a state-approved educator licensing program with the most recent first.*

(City/State)	Graduation Date Mo./Year	Major(s)	Minor(s)	Concentration(s)

**I, THE CERTIFYING OFFICER, CONFIRM** that the education information listed in Section III is accurate. The applicant successfully completed this institution's state-approved program(s) for the license(s) requested in Section II above on the following date:  
**Mo./Year.**

Signature of Certifying Officer ➤	Date Signed Mo./Day/Yr.	Name of Institution
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For DPI Use Only <input type="checkbox"/> FP <input type="checkbox"/> Conduct	<b>Amount of Remittance</b> <b>\$100</b>	Date Stamp
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\*Collection of Social Security Number is for processing purposes only.