P.O. Box 7935 Madison, WI 53707-7935

Division of Family and Economic Security

Bureau of Child Support

Application and Affidavit for Recreational License

Background

The Bureau of Child Support is providing this form to you to comply with state statutes pertaining to individuals who do not have a Social Security number and who are applying for a recreational license under the following Wisconsin Statutes §§. 29.971 and 29.974.

If an individual who applies for a license under your agency's respective license statute does not have a Social Security number, the individual, as a condition of obtaining that license, shall submit a statement made or subscribed under oath or affirmation to the board that the individual does not have a Social Security number. The form of the statement shall be prescribed by the Department of Children and Families. A license issued in reliance upon a false statement submitted is invalid.

Instructions to Applicant:

Complete the affidavit in full, and sign it in the presence of a Notary Public. After being notarized, you can either mail the application to the Madison address below and your request will be processed. A notice will be mailed back to you with your DNR Customer ID number so you can purchase a license. This number will appear on all licenses and you will need to present this number and your birth date for all future license purchases.

WI DNR Customer & Outreach Services – CS/1 PO Box 7924 Madison, WI 53707-7924

You can also take the affidavit to any DNR Service Center or license agent to purchase your fishing and/or hunting license. The agent will contact the DNR, fax the application in, and request a DNR Customer ID Number for you. This may take several minutes and may require you to come back to the agent after they receive confirmation that a DNR Customer ID Number was made for you. The agent will collect the original affidavit from you and send it to the Wisconsin DNR.

Instructions to DNR License Agents:

Accept this application from the customer who is claiming he or she does not have a Social Security Number. Call the DNR Call Center at 1-888-936-7463 and ask for a fax number to fax the application. The Customer Service Representative will review the faxed application, verify the notary signature, create a DNR Customer ID number, and call you back with that number. You will need this customer number to complete the sales transaction. After issuing the license, collect the <u>original</u> affidavit from the customer and return it to the DNR at the address listed above.

Instructions to DNR Bureau of Customer Service:

- All DNR staff should verify the application has been completed and notarized and provide the License agent with the customer number to issue the license.
- All DNR staff who receive any original application should mail the to the Madison address above.
- Madison staff:

Please keep the original affidavit for your agency and mail or FAX a copy of the completed form to:

Department of Children and Families Bureau of Child Support Attn: License Coordinator P.O. Box 7935 Madison. WI 53707-7935

Email: bcsinfo@wisconsin.gov Fax Number: (608) 422-7165

All completed forms must be maintained in a locked, confidential file.

DCF-F-2461 (R. 04/2019) bcsinfo@wisconsin.gov

Application and Affidavit for Recreational License

Please print your responses.

Each signature on the affidavit must be signed in the presence of a notary public.

Full Name of Applicant (First	(Middle)				(Last)					
Address Street			Apt		City			State	Zip Code	
Mailing Address (if different t	than ab	ove)								
Gender male/female	ender male/female Height (feet)			(inc	(inches) Weight H			ir Color	Eye Color	
Date of Birth County of Birth			th	State of Birth						
Telephone Number	Cell Phone Number			•	Driver's License No.					
Applicant's Guardian's Full Name (First)				(Middle)		(Last)				
Applicant's Guardian's Full Name (First)				(Middle)		(Last)				
				Affidavit	1					
30 days of receipt. I understand that providing a licenses issued as a result wis. 946.32, Stats., and for hunt	ill also	be invalid	d, an	d I may be sul	ject to	penalties for f	alse s	wearing ι	ınder	
Signature - Applicant					Signature - Parent (if applicant is a dependent)					
Subscribed and affirmed to before me this day of,					Subscribed and affirmed to before me thisday of,					
Notary public, State of Wisconsin					Notary public, State of Wisconsin					
Notary Public, State of Wisconsin My commission (is permanent) Expires				_	My commission (is permanent) Expires					
The completed notarized form mus mail to: WI DNR Customer & outre processed within five working days sales agent location.	ach Ser	vices-CS\1,	P.O.	. Box 7924, Madi	son, WI	53707-7924. Affic	davits re	eceived by	mail will be	
Information provided on this form (child support program and other re					ed with o	thers only for the	purpos	e(s) of adm	ninistration of the	
FOR DNR USE ONLY:	: Da				ate Assigned:					
DNP Customer Number	Customer Number Date					Forwarded to DCF:				