

Employment Agent Registration

Authorization for this form is provided under Chapter 105 Wisconsin Statutes and Section DWD 277.02 of Wisconsin Administrative Code. Use of this form is mandatory. This information is used for the purpose of processing your application and maintaining the division's records. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes]

Proposed Agency Name		Email Address		
Street Address				
City	State	Zip Code	Telephone Number ()	
Mailing Address (if different than street address)				
City	State	Zip Code		
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietorship				

List the names and home addresses of all stockholders, partners or owners.

Name				
Street Address				
City	State	Zip Code	Telephone Number ()	

Name				
Street Address				
City	State	Zip Code	Telephone Number ()	

Name				
Street Address				
City	State	Zip Code	Telephone Number ()	

Does your agency engage in making home care placements? **YES** **NO**
 A "home care placement" is the placement of any person in a private home to provide medical or companionship care for a consumer. It includes situations where the consumer is employing the individual, the worker is self-employed or the worker is employed by a third party.

Veterans License Fee Waiver: To request waiver of the registration fee under the Veterans License Fee Waiver program, please provide the 8-digit code given to you by the Department of Veterans Affairs (the waiver is only available for first-time registrants):	_ _ _ _ _
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**Enclose a \$5.00 check for the registration fee made payable to the Equal Rights Division.
 Call 608-266-6860 for assistance.
 Return the completed form & check to:
 EQUAL RIGHTS DIVISION PO BOX 8928; MADISON WI 53708
 Please staple check HERE to the bottom of the form.**