

# Traveling Sales Crew Registration Application

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes].  
 The provision of your federal employment identification number or social security number is mandatory under s. 103.34(3)(a)6  
 Wisconsin Statutes. Your social security number will be used for identification purposes.

## Section I Traveling Sales Crew

Applicant Name		Employer Name		
Employer Address	City	State	Zip Code	
Telephone Number	Federal Employment Identification Number or Social Security Number			
Is Employer a Corporation or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide date and principal place of incorporation:				

## Section II

**List the names and permanent home addresses of any proprietors, managing partners, managers, or principal officers of the applicant.**

Name	Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Street Address	City	State	Zip Code
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:			
Name	Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Street Address	City	State	Zip Code
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:			
Name	Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Street Address	City	State	Zip Code
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:			
Name	Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Street Address	City	State	Zip Code
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:			

**Attach additional sheets if more entries are necessary**

### Section III

**List the names, permanent home addresses, motor vehicle operator's license numbers, and dates of birth of ALL employees, agents, or representatives of the applicant who supervises or transports Traveling Sales Crew workers.**

Name	Driver's license number and the state where issued	Date of birth
Street Address	City	State Zip Code
Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:		
Name	Driver's license number and the state where issued	Date of birth
Street Address	City	State Zip Code
Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:		
Name	Driver's license number and the state where issued	Date of birth
Street Address	City	State Zip Code
Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:		
Name	Driver's license number and the state where issued	Date of birth
Street Address	City	State Zip Code
Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:		

Attach additional sheets if more entries are necessary.

**You must include a Consent for Criminal Background Check form and two copies of fingerprint cards for each person listed in sections II and III.**

**Section IV  
Company Information**

Type(s) of sales activities to be performed
List the nature of consumer goods or services to be sold

**If goods are magazine subscriptions, provide the names, addresses and telephone numbers of the publishers of those magazines.**

Name(s)	Address	Telephone Number
Name(s)	Address	Telephone Number
Name(s)	Address	Telephone Number

Will employment involve the storage, handling, transportation of or exposure to hazardous materials?  
 Yes  No If yes, list materials:

Attach documentation verifying applicant is in compliance with all state and federal safety standards applicable to the storage, handling and transportation of hazardous materials.

Financial responsibility - Applicant must provide a \$10,000:  
 Bond  Certificate of Deposit  Escrow Account  Irrevocable Letter of Credit

**Insurance coverage - Attach proof of the following insurance policies:**

(a) Commercial automobile liability that provides minimum coverage limits of \$500,000 per person, \$2,000,000 per accident and \$500,000 of physical damage.

(b) Commercial general liability that provides minimum coverage limits of \$500,000 per occurrence and \$1,000,000 aggregate.

**Disclosure Statement:**

Attach a copy of disclosure statement (Form ERD-16790-E). Provide all information available at the time application is submitted.

**Provide the make and model of each vehicle used to transport Traveling Sales Crew workers.**

Make	Model	Make	Model	Make	Model
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**Provide the Vehicle(s) license plate number. Name the State in which the plate was issued.**

Plate Number	State	Plate Number	State	Plate Number	State
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Attach written certification by a motor vehicle mechanic showing **each** motor vehicle is in compliance with Wisconsin and federal safety standards that are applicable.

**Background check:**

Upon receipt of an application and registration fee, the Department of Workforce Development shall investigate the applicant to determine whether the applicant is qualified to receive a certificate of registration. This investigation shall include a criminal history search by the Department of Justice of all proprietors, managing partners, managers, or principal officers of the applicant and all employees, agents or representatives of the applicant who supervise or transport Traveling Sales Crew workers.

**Registration Fees:**

Along with the application packet, the applicant shall submit a registration fee. The registration fee is determined by multiplying the number of individuals, for which the background check under s. 103.34 (3)(b)(1) Wis. Stats. is required, by \$60.00. Payment should be made payable to the Department of Workforce Development. **Do not send cash.**

**Veteran's 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): \_\_\_\_\_

**If any change occurs in any of the information submitted to the department, the registrant must notify the department of that change within 30 days of the actual occurrence.**

**Mail your form to the following office:**

**State of Wisconsin  
Department of Workforce Development  
Equal Rights Division**

P O Box 8928  
Madison, WI 53708

Telephone:	(608) 266-6860
FAX:	(608) 267-4592
TTY:	(608) 264-8752

## TRAVELING SALES CREW APPLICATION CONSENT FOR CRIMINAL BACKGROUND CHECK

### Why is a Criminal Background Check necessary?

The Department of Workforce Development (DWD) is charged with regulating traveling sales crews under Wis. Stat. § 103.34. The statute requires the department to investigate applicants for traveling sales crew certificates of registration to determine whether they are qualified under the statute. This includes a criminal history search by the department of justice of all proprietors, managing partners, managers, or principal officers of the applicant, and of all employees, agents, or representatives of the applicant who supervise or transport traveling sales crew workers. Further, the investigation also includes a search by the Department to determine whether any of these individuals has committed a violation of § 100.18 or § 100.195, of an order issued under § 100.20, or of a substantially similar federal law or law of another state.

The information you provide on this form will be retained in a **confidential** manner.

### What do you need to do now?

Completed and signed forms may be returned

By Fax to 608-267-4592

By Email to [erinfo@dwd.wisconsin.gov](mailto:erinfo@dwd.wisconsin.gov)

By mail to Equal Rights Division, PO Box 8928; Madison WI 53708-8928

This form must be completed in order for you to continue to be considered for the certificate of registration.

### CONSENT FOR CRIMINAL BACKGROUND CHECK

Name (Last, First MI) Please Print	Date of Birth (Mon/Day/Yr)	Social Security Number
Street Address	City, State, Zip Code	
Former or Other Name(s) (if applicable)	Day Phone	Evening Phone

Have you lived outside of Wisconsin?  Yes  No

If **YES**, provide place(s) of residence (State/Country) and time period(s)

Place(s) of residence outside of Wisconsin and time period(s). Attach additional pages if needed.

Do you have criminal charge(s) pending against you in Wisconsin?  Yes  No

Do you have criminal charge(s) pending against you outside of Wisconsin?  Yes  No

If **YES**, please specify the county and state or territory.

County and State or territory where criminal charge(s) is/are pending against you. Attach additional pages if needed.

Have you been convicted of any crime in Wisconsin, including in federal, state, local, military and tribal courts?

Yes  No

Have you been convicted of any crime outside of Wisconsin, including in federal, state, local, military and tribal courts?

Yes  No

If **YES**, please specify location.

County and State or territory where you were convicted of a crime. Attach additional pages if needed.

NOTICE: As a part of the Criminal Background Check the Department of Workforce Development may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness.

By my signature below I hereby authorize and consent to the State of Wisconsin's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the State of Wisconsin will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the State. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I state that all the information is true and complete to the best of my knowledge and I understand that any falsification or omission of information may disqualify me for this position. By signing this form, I authorize the Department to conduct a background check and verify the information provided above and to procure a consumer credit report if applicable.

Applicant Signature

Date Signed