

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: license.wi.gov
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTIONS FOR COMPLETING TANNING FACILITY CREDENTIAL CONVICTIONS FORM

This form only applies to those who hold or have held a credential to operate a tanning facility. Tanning facility means a place of business that provides persons access to a tanning device ([Wis. Stat. § 463.25\(1\)\(c\)](#)). "Tanning facility" or "facility" means a place or business that provides access to a tanning device, which may be a room or booth or a group of rooms or booths housing ultraviolet lamps or products containing lamps intended for the irradiation of any part of the body for cosmetic or nonmedical-related purposes but does not include any sunlamp located in a bathroom or dressing room or any germicidal lamp used for bacteria control ([Wis. Admin. Code § SPS 220.03\(9\)](#)).

Important Notice: DO NOT SUBMIT THIS FORM UNLESS ALL REQUESTED DOCUMENTATION IS INCLUDED. Incomplete information will delay the processing time.

Complete and submit this form if you are applying for or renewing a tanning facility credential and have ever been convicted of a felony committed while engaged in the practice of operating a tanning facility in this or any other state.

- List felony offenses for which you have ever been convicted in this state or any other while engaged in the practice of operating a tanning facility.
- This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. For each felony conviction, list the type of offense, date, and location. You do not need to report dismissed charges.

If you discover the required documents are not available after contacting the appropriate agency/police department, and/or court, please indicate this in a personal statement and submit the personal statement to the Department, along with any documentation that is available and a letter from the appropriate agency/police department, and/or court records custodian confirming the unavailability of the records.

The Fair Employment Act (Wis. Stat. §§ 111.31-111.395) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form may be considered a false statement on an application.

Wisconsin Department of Safety and Professional Services

FREQUENTLY ASKED QUESTIONS

1. **If I am applying for or renewing a credential to operate a tanning facility, what convictions do I need to report?**
 - Report all felonies you have ever been convicted of if the felony was committed while you were engaged in the practice of operating a tanning facility in this state or any other.
2. **If my felony conviction was expunged, do I need to report or submit anything?**
 - Technically, there was a felony conviction at one point in time; therefore, you need to disclose the felony conviction and provide all documents required. Also include a court document stating the felony conviction was expunged.
3. **What do I do if records are no longer available due to the length of time that has passed since the felony conviction?**
 - Include a personal statement describing each felony offense along with an explanation of the penalties imposed and verification that you completed all requirements. State that the records are no longer available in your personal statement and include a letter from the appropriate agency/police department, and/or court records custodian confirming the unavailability of the records.
4. **Do I need to report or submit anything about minor traffic violations, e.g., a speeding ticket?**
 - You only need to report felony convictions if the felonies were committed while you were engaged in the practice of operating a tanning facility.
5. **How long does it take to review these documents?**
 - The time period for conviction review varies depending on whether all information is complete, all documentation is received, and/or whether it needs to be reviewed by the Department.
6. **What are certified court records and where do I get them?**
 - These are records certified as true and correct by the Office of the Clerk of Courts and may include judgment of conviction, police report/incident report/criminal complaint, court-ordered assessment report, etc.
 - Records may be obtained from the Office of the Clerk of Courts in the county in which your case was heard or the relevant police department.
7. **If I was underage at the time of the offense, do I need to report or submit anything?**
 - Report all felony convictions received in adult court if the felonies were committed while you were engaged in the practice of operating a tanning facility.
8. **I submitted an Application for Predetermination and received a favorable predetermination decision (i.e., that my conviction record would not disqualify me from obtaining a particular credential), what do I need to submit with this Form (3352)?**
 - You must submit this Form (3352) and list the convictions reported in your Application for Predetermination. However, you are not required to submit additional information related to those convictions (such as personal statements or court documents).
 - If you receive any new felony convictions in this state or any other *after the date of your favorable predetermination decision* and the felony was committed while you were engaged in the practice of operating a tanning facility, you will need to submit all required documentation for each new felony conviction.
 - If you apply for a credential within 1 (one) year of the predetermination decision, pay only the difference between the predetermination application fee and the initial permit fee when you submit your credential application. For example, if you paid a \$68 predetermination fee and the initial credential fee is \$75, you will owe another \$7 for the initial credential fee. This does not include any fees for exams or subsequent background check fees. (If the credential fee is less than \$68, no refunds will be issued.)
 - Please note, note that you will still need to meet all credential requirements (i.e., training/education, exams, etc.). A favorable predetermination decision does not guarantee licensure.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

TANNING FACILITY CREDENTIAL CONVICTIONS FORM

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK			<input type="checkbox"/> Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Profession <input type="text"/>		Application/License Number <input type="text"/>	
Last Name <input type="text"/>		First Name <input type="text"/>	MI <input type="text"/>
List All Other Names Used <input type="text"/>			
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
E-mail Address <input type="text"/>			
Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

CIB fee: Pay \$8.00 fee in your [LicensE](#) account.

For Office Use Only
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CONVICTIONS: List all felony convictions committed while you were engaged in the practice of operating a tanning facility. Attach additional sheet(s) if necessary.

Conviction	Conviction Date	Location (City, County, State)
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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED. FOR EACH FELONY CONVICTION LISTED ABOVE, YOU MUST SUBMIT THE FOLLOWING:

- Certified copies of the Police Report or Criminal Complaint
- Certified copies of the Judgment of Conviction
- Personal Statement (**Only needed if certified copies of Police Report or Criminal Complaint and Judgment of Conviction do not exist and/or your responses to questions 1-8 require additional explanation.**)

NOTE: Do not submit Consolidated Court Automation Program (CCAP) or other online court access printouts. They do not satisfy documentation requirements. During the Department’s review of the application, you may be asked to submit additional information.

WITH REGARD TO THE OFFENSES AND/OR CONVICTIONS LISTED ON FORM #2253 ABOVE, YOU MUST ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	<p>Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment, or counseling program?</p> <p>If yes, did you successfully complete the program? If so, attach a certificate of completion/discharge summary.</p> <p>If you did <u>not</u> complete the program, attach a statement explaining why and include a statement describing your current use of alcohol and/or drugs.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2.	<p>Have you ever been placed on probation and/or extended supervision?</p> <p>If yes, did you successfully complete probation and/or extended supervision? If so, provide evidence such as a release document or a Department of Corrections (DOC) document.</p> <p>If you are currently on probation or extended supervision, provide a letter from your probation officer or other official describing your probation or extended supervision requirements and your compliance with those requirements.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3.	<p>Have you ever been placed on parole?</p> <p>If yes, did you successfully complete parole? If so, provide evidence such as a release document or Department of Corrections (DOC) document.</p> <p>If you are currently on parole, provide a letter from your parole officer describing your parole requirements and your compliance with those requirements.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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4.	Have you ever served in the U.S. military or National Guard? If yes, please include a copy of any Department of Defense (DOD) Form 214s or National Guard Bureau (NGB) 22s you wish to have considered as evidence of rehabilitation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have any mitigating (lessening the gravity of an offense or mistake) circumstances or social conditions surrounding the commission of the offense(s)? If yes, please include details in an attached personal statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Since your offense(s), do you have any evidence of rehabilitation, such as employment, education, participation in treatment, payment of restitution, or any other activity that you wish to have considered as evidence of rehabilitation? If yes, please include evidence of such and/or a personal statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Did you serve a jail or prison sentence? If yes, do you have any letters of reference by persons (such as employers, clergy, counselors, etc.) who have been in contact with you since your release from jail or prison that you wish to have considered as evidence of rehabilitation? If yes, please provide them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s), including license number(s). (Attach additional sheets if necessary.) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL STATEMENT FOR EACH CONVICTION (Only needed if certified copies of Police Report or Criminal Complaint and Judgment of Conviction do not exist and/or your responses to questions 1-8 require additional explanation.)
 (Attach additional sheets if necessary.)

A personal statement should describe the events that led to each conviction listed on Form 3352, along with an explanation of the penalties imposed, and verification that you completed all sentencing requirements. The statement should address the “who,” “what,” “when,” “where,” “how,” and “why” of the circumstances that led to each conviction.

Example of an Adequate Personal Statement: In 2018, I was irresponsible and stubborn. I owned a tanning facility in Illinois. I continued to operate the facility without a valid permit. After several violations, I was charged and convicted of a Class 4 felony, “knowingly maintaining a public nuisance.” I regret my decisions and have matured. Attached to this statement are copies of the police report from my arrest, a copy of the judgment of conviction, and records showing that I have paid all fines.

CONVICTION(S):

Wisconsin Department of Safety and Professional Services

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information, which I provided above, is true in every respect. I understand that false or forged statements made in this document or in connection with an application for a credential, or failing to provide relevant information, may be grounds for denial of an application, revocation of a credential granted to me, or criminal prosecution. I confirm that I have included all information and documentation requested by this form. **I understand that my application is incomplete until the Department receives all requested information and documentation. Incomplete applications will not be processed or reviewed until the Department receives all requested information and documentation.**

Signature:

(Provide a digital signature or print and sign form.)

Date: / /