

# License Application

**Division of Hearings and Appeals**  
**Office of Worker's Compensation Hearings**  
 4822 Madison Yards Way  
 5<sup>th</sup> Floor North  
 Madison, WI 53707  
 Telephone: (608) 266-7709 Option 2 for WC  
 Fax: (608) 266-0018  
 e-mail: DHAWCMail@wisconsin.gov

\*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

**I am applying for license to appear before the Division under Wis. Stat. § 102.17(1)(c)1 and Wis. Admin. Code § HA 4.05(2).**

Applicant Name	Applicant SS #* or FEIN # (Required per s. 102.17(1)(cg))	Applicant Telephone No.
Applicant Address	City	State      Zip Code
<b>Have you ever been convicted of a felony?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, on the lines below briefly state the particulars: _____ _____		
<b>Have you ever been disbarred from the practice of law or resigned upon request of constituted authorities?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, by what authority? _____  For what cause were you disbarred or resigned? _____	If disbarred or resigned, have you been reinstated to practice?  <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, give date: _____  In which states? _____ _____	

Below, give an outline of your employment record, showing your present or last position first. List all your principal work and every full-time position you have held in the last 3 years.

Position Held	Employer	Employer Phone Number
From:                      To:		
Employer Address		City                      State                      Zip Code
Position Held	Employer	Employer Phone Number
From:                      To:		
Employer Address		City                      State                      Zip Code
Position Held	Employer	Employer Phone Number
From:                      To:		
Employer Address		City                      State                      Zip Code
Position Held	Employer	Employer Phone Number
From:                      To:		
Employer Address		City                      State                      Zip Code

Provide Three Non-Family References:

Name	Phone Number		
Address	City	State	Zip Code
Name	Phone Number		
Address	City	State	Zip Code
Name	Phone Number		
Address	City	State	Zip Code

Provide a brief statement of your background, training or experience (if any) in Worker's Compensation matters

---

---

---

---

---

---

---

For the 3 hearings at which you have been permitted to appear without a license, provide the following:

Hearing Date	Case Name	Party You Represented

***I certify that the above statements are true to the best of my knowledge and belief.***

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_