

# APPLICATION FOR A REPRESENTATIVE'S PERMIT

Wis. Stats. 38.50 (8)  
Form EAB 1.09 (Rev. 3/09)



STATE OF WISCONSIN  
EDUCATIONAL APPROVAL BOARD  
30 W. MIFFLIN STREET, 9<sup>TH</sup> FLOOR  
MADISON, WI 53703  
(608) 266-1996

**Wis. Stats. 38.50 (8) requires each representative of a school employed to solicit students in Wisconsin to complete this form in full and attach an application fee of \$200. This application does not constitute a permit. The permit will be issued by the Educational Approval Board (EAB) upon approval of the applicant.**

**NOTICE: All information provided by the applicant with respect to the application for a representative's permit is subject to verification through contact with law enforcement and other government agencies, current and former employers, and the references supplied. Collection of a social security number is a requirement of s.38.50 (8), Wis. Stats. It is used for verification purposes only and will not be released without written permission.**

## I. GENERAL INFORMATION

Name of School:

Name of Applicant:

Daytime Telephone Number of Applicant:

Address of Applicant:

City:

State:

Zip Code:

Gender of Applicant:

Male  Female

Social Security Number of Applicant:

- -

Date of Birth of Applicant:

Race of Applicant:

Permit Type:

Original

Renewal

## II. BACKGROUND INFORMATION

Have you ever been found guilty of, pleaded "no contest" to, or agreed to forfeiture of bail for any public offense except minor traffic violations? If yes, describe charge, date of conviction and court of record.  Yes  No

Have you ever been issued a permit to solicit students in any other state? If yes, list states and years.  Yes  No

## III. CERTIFICATIONS

**I hereby certify that I am the named applicant and that the above statements are true. I understand that I may not solicit Wisconsin residents for enrollment in the school for which this permit is being sought until said permit has been issued by the EAB and is in my possession.**

Signature of Applicant:

Date:

**I hereby certify that the above-named applicant will be employed by the above-named school selling programs and will not be permitted to solicit until the permit has been issued by the EAB and received by the applicant.**

Signature of Authorized School Official:

Date:

Print Name & Title of Authorized School Official:

## FOR EAB USE ONLY

SciD:

Receipt and Check Nos.:

Action No.:

Date of CIB:

New Exp Date:

Verified By: