

LICENSURE SECTION CREDIT CARD PAYMENT Authorization

☐ Visa ☐ MasterCard

Account Number

Name on credit card (please print)_____

Expiration Date (month, day, year) ____ / ____ / ____

I authorize the Licensure Section of the Department of Public Instruction to charge the processing fee for licensing (☐ \$30; ☐ \$55; ☐ \$85; ☐ _____ [other amount]) to my credit card account.

last name

first name

middle name

maiden

social security number

telephone number

Signature: _____

Date: _____

Email Address: _____

For DPI Use Only

Approval Number _____