

Revised November 18, 2011

Employees' Manual
Title 11
Chapter G Appendix

LICENSE SANCTION APPENDIX



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470-3158, Physician's Statement

Purpose	Use form 470-3158, Physician's Statement, to document that the payor is unable to work because of a temporary illness or disability or because the payor is caring for a household member who is ill or disabled.
Source	Enter a "P" or "H" in the GEN PHYS STMT field on the LISAN screen to generate this form and form 470-5299, <i>License Sanction Physician Statement</i> .
Completion	Complete this form when the payor claims a disability exemption. The authorizing physician completes the form and returns it to the Unit.
Distribution	Send this form to the payor by first-class mail or give this form to the payor.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Date generated◆ Case number◆ Unit's address and telephone number◆ Payor's name◆ Worker ID

[470-3273, License Sanction Payment Agreement](#)

Purpose	Use form 470-3273, <i>License Sanction Payment Agreement</i> , to document the agreement reached between the Unit and the payor requiring the payor to make payments toward the delinquency and the Unit to withdraw the license sanction.
Source	Enter a "Y" or "R" in the GEN PAY AGREEMNT field on the LISAN screen to generate this form.
Completion	Complete this form when the payor agrees to a payment agreement for license sanction. When the payor agrees to the terms of the payment agreement, the payor signs, dates, and returns the form to the Unit. Sign and date the form when it is returned to you. Sign and date the form only after the payor signs and dates the agreement.
Distribution	Send this form to the payor by first-class mail or give this form to the payor with form 470-3344, <i>Results of License Sanction Conference</i> .
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Payor's name◆ Payor's address◆ Date generated◆ Case number◆ Worker ID◆ Unit's address◆ Date conference held◆ Ongoing payment amount◆ Ongoing payment frequency◆ Payment start date◆ Worker's name◆ Unit's telephone number

470-3274 or 470-3274A, Certificate of Noncompliance

Purpose	Use form 470-3274, <i>Certificate of Noncompliance</i> , to request the licensing agency begin steps to suspend, revoke, or refuse to issue or renew the payor's licenses and motor vehicle registrations.
Source	Enter the current date in the GEN CERT OF NONCOM field on the LISAN screen to generate this form.
Completion	Complete this form when you proceed with a license sanction. Sign the Certificate of Mailing.
Distribution	ICAR generates two copies of this form. The payor's copy is form 470-3274 and the licensing agency's copy is 470-3274A. <ul style="list-style-type: none">◆ The DOT and the DNR license sanction forms are sent electronically by ICAR. If the payor has a professional license, send the licensing agency's copy to the agency by the agency's requested method (fax or email).◆ Send the payor's copy to the payor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Name of licensing agency or payor◆ Address of licensing agency or payor◆ Date generated◆ Case number◆ Worker ID◆ Unit's address◆ Unit's telephone number◆ Payor's social security number◆ Date notice sent to licensing agency◆ Date notice sent to payor

470-3275, Notice of Withdrawal of Certificate of Noncompliance

Purpose	Use form 470-3275, <i>Notice of Withdrawal of Certificate of Noncompliance</i> , to tell the licensing agency to stop the license sanction against the payor's licenses.
Source	Enter the current date in the GEN WITHDRAWAL OF NONCOM field and the applicable code in the WHY field on the LISAN screen to generate this form.
Completion	Complete this form when the payor no longer meets the criteria for a license sanction and you have previously issued form 470-3274, <i>Certificate of Noncompliance</i> , to the licensing agency. Sign the form.
Distribution	ICAR generates two copies of this form: one addressed to the licensing agency and one addressed to the payor. <ul style="list-style-type: none">◆ The DOT and the DNR license sanction forms are sent electronically by ICAR. If the payor has a professional license, send the licensing agency's copy to the agency by the agency's requested method (fax or email).◆ Send the payor's copy to the payor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Name of licensing agency or payor◆ Address of licensing agency or payor◆ Date generated◆ Case number◆ Worker ID◆ Unit's address◆ Unit's telephone number◆ Payor's name◆ Payor's social security number◆ Date you issued the Certificate of Noncompliance You enter one of the following reasons for withdrawal: <ul style="list-style-type: none">◆ The payor signed a written payment agreement with the Unit.◆ The district court ordered the withdrawal of the <i>Certificate of Noncompliance</i>.◆ Other reason (specify).

[470-3276, Acknowledgment of Request for Conference](#)

Purpose	Use form 470-3276, <i>Acknowledgment of Request for Conference</i> , to tell the payor the date, time, and place of the conference. This form also provides information on the issues that may be discussed, the exemptions for license sanction, and the actions to be taken by the Unit as a result of the conference.
Source	To generate this form, enter the date and time of the conference in the CONF SCHEDULED field on the LISAN screen.
Completion	Complete this form when you receive the payor's written request for a conference. Schedule the conference: <ul style="list-style-type: none">◆ No earlier than ten days following the date in the CONF REQUESTED field, unless the payor signs a waiver, and◆ No later than 30 days following that date. <p>(See 11-G, Holding the License Sanction Conference in Less Than Ten Days, for more information.)</p>
Distribution	Mail this with form 470-0204, <i>Financial Statement</i> , to the payor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Payor's name◆ Payor's address◆ Date generated◆ Case number◆ Worker ID◆ Unit's address◆ Unit's telephone number◆ Whether the conference was requested before or after you sent form 470-3274, <i>Certificate of Noncompliance</i>, to the licensing agency◆ Date of the conference◆ Time of the conference

You enter the following information:

- ◆ Type of conference (telephone or in-person)
- ◆ Additional case numbers for license sanction cases you will discuss during the conference

[470-3277, License Sanction Request for Financial Statement - Payor](#)

Purpose	Use form 470-3277, <i>License Sanction Request for Financial Statement – Payor</i> , to request financial information from the payor when the payor requests a conference with the Unit to discuss the license sanction.
Source	Generate this form from the FORMVIEW screen.
Completion	Generate this form when the payor requests financial statement.
Distribution	Mail this form along with form 470-0204, <i>Financial Statement</i> , to the payor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Payor's name◆ Payor's address◆ Date generated◆ Case number◆ Worker ID◆ Unit's address◆ Unit's telephone number

470-3278, Official Notice of Potential License Sanction

Purpose	Use form 470-3278, <i>Official Notice of Potential License Sanction</i> , to tell the payor of the Unit's intent to begin a license sanction on the payor's case.
Source	ICAR selects a case for license sanction process and automatically generates this form. You may generate this form by entering an "M" or "P" and the current date in the GEN NOTICE field on the LISAN screen.
Completion	ICAR completes this form to proceed with a license sanction on the payor's case.
Distribution	The form is printed and mailed to the payor automatically.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Payor's name◆ Payor's address◆ Date generated◆ Case number◆ Worker ID◆ Unit's address◆ Unit's telephone number◆ Names of the licensing agencies to receive form 470-3274, <i>Certificate of Noncompliance</i>◆ Date the form was sent to the payor

[470-3343, License Sanction Request for Financial Statement - Payee](#)

Purpose	Use form 470-3343, <i>License Sanction Request for Financial Statement – Payee</i> , to request financial information from the payee when the payor requests a conference with the Unit to discuss the license sanction.
Source	Enter a date and time in the CONF SCHEDULED field on the LISAN screen to generate this form.
Completion	Complete this form when the payor requests a conference.
Distribution	Send this form along with one copy of form 470-0204, <i>Financial Statement</i> , to the payee by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Payee’s name◆ Payee’s address◆ Date generated◆ Case number◆ Worker ID◆ Unit’s address◆ Unit’s telephone number

[470-3344, Results of License Sanction Conference](#)

Purpose	Use form 470-3344, <i>Results of License Sanction Conference</i> , to tell the payor about the results of the license sanction conference.
Source	Enter a "Y," "N," or "R" and date in the CONF HELD field on the LISAN screen to generate this form.
Completion	Complete this form when the conference is not held, is rescheduled, or when the conference is held and the Unit makes a decision regarding the license sanction. Sign the Certificate of Mailing.
Distribution	Send this form to the payor by first-class mail or give this form to the payor.
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none">◆ Payor's name◆ Payor's address◆ Date generated◆ Case number◆ Worker ID◆ Unit's address◆ Unit's telephone number◆ Worker's name◆ Date you sent the form to the payor◆ The conference was held◆ Date the conference was held◆ The conference was not held◆ The date, time, and location of a rescheduled conference◆ The names of the agencies to receive form 470-3274, <i>Certificate of Noncompliance</i>, when you select this option <p>The worker enters the following information:</p> <ul style="list-style-type: none">◆ Additional case numbers of license sanction cases you will discuss during the conference.◆ If the conference was rescheduled, enter the following:<ul style="list-style-type: none">• The conference is rescheduled at the payor's request.• The conference is rescheduled at the Unit's request.

- The conference is rescheduled because more documentation is required from the payor. (When you select this option, enter the documentation required.)
- The conference is rescheduled in-person or by telephone.
- Telephone number the payor provided.
- ◆ When the conference was held, select the applicable outcome:
 - A mistake was made in the identity of the payor.
 - A mistake was made in determining the amount of delinquency.
 - The payor meets one of the exemption criteria and the date the exemption expires.
 - The payor has complied with a previous payment agreement.
 - The payor has paid the total past-due support.
 - The payor provided the name of the payor's employer.
 - The payor has signed a payment agreement.
 - The payor refused to sign a payment agreement.
 - The case qualifies for a modification.
 - Additional comments.
- ◆ When the conference was held or the conference was not held, select one of the following actions the Unit is taking:
 - The Unit will stop the license sanction process.
 - The Unit will send the payor forms to request a modification.
 - The Unit will issue form 470-3274, *Certificate of Noncompliance*, to the appropriate licensing agencies.
 - Additional comments.

NOTE: When you select this option, ICAR enters the name of the licensing agency (e.g., Department of Transportation) to receive the *Certificate of Noncompliance*.

[470-3347, Order Determining Payments for the Limited Purpose of License Sanction](#)

Purpose	Use form 470-3347, <i>Order Determining Payments for the Limited Purpose of License Sanction</i> , to present to the court at the time of a district court hearing. This payment agreement is for the limited purpose of license sanction.
Source	Generate this form from the FORMVIEW screen.
Completion	Complete this form at the court hearing if the court orders the payor to enter into a payment agreement.
Distribution	The Unit's attorney gives a blank copy of the form to the court to complete.
Data	There is no data to complete.

[470-3393, Certification of License Sanction Action to District Court and Request for Hearing](#)

Purpose	Use form 470-3393, <i>Certification of License Sanction Action to District Court and Request for Hearing</i> , to certify the license sanction documents to the court.
Source	Enter a date in the DOCUMENTS CERTIFIED TO COURT field on the LISAN2 screen to generate this form.
Completion	Complete this form when the payor requests a district court hearing on the license sanction. The Unit's attorney and the worker both sign the form. The form is then notarized by a notary public.
Distribution	File the original with the district court and place a copy with the administrative record in the case file.
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none">◆ Payor's name◆ Date payor requested the district court hearing◆ Worker's name <p>You enter the following information:</p> <ul style="list-style-type: none">◆ County of filing◆ Petitioner (up to six lines)◆ Respondent (up to two lines)◆ Court order number◆ Unit attorney's name◆ Unit attorney's PIN◆ Unit attorney's title◆ Unit attorney's address◆ Unit attorney's telephone number and fax number◆ Worker's county◆ Payor's attorney's name◆ Payor's attorney's address

470-5299, License Sanction Physician Statement

Purpose	Use form 470-5299, <i>License Sanction Physician Statement</i> , as a cover letter to provide the payor's address for mailing form 470-3158, <i>Physician's Statement</i> , in a window envelope and provide instructions on completing and returning form 470-3158, <i>Physician Statement</i> , to CSRU.
Source	Enter a "P" or "H" in the GEN PHYS STMT field on the LISAN screen to generate this form and form 470-3158, <i>Physician Statement</i> .
Completion	Complete this form when the payor claims a disability exemption.
Distribution	Send this form to the payor by first-class mail or give this form to the payor with form 470-3158, <i>Physician Statement</i> .
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Date generated◆ Case number◆ Unit's address and telephone number◆ Payor's name◆ Worker ID

Department of Commerce License Codes

ACCL	Certified public accountant; accounting practitioner
ENGX	Engineers; surveyors
INS	Insurance agents
REAL	Real estate brokers/sellers
REAP	Real estate appraisers

Department of Inspections and Appeals' Racing and Gaming Commission License Codes

GAME	Casino or racetrack employees' licenses
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Department of Natural Resources License Codes

DEER	All types of deer hunting licenses
FISH	All types of fishing licenses
HUNT	All types of hunting licenses other than deer or turkey licenses
MISC	All types of miscellaneous licenses not listed above, e.g., ginseng growers
RECV	Recreational vehicles including all-terrain vehicles (ATVs), boats, off road vehicles (ORVs), and snowmobiles
TURK	All types of turkey hunting licenses

Department of Public Health License Codes

Code	Title
002	Beauty shop owner
022	Chiropractor
104	Funeral director
130	Marital and family therapist
131	Mental health counselor
135	Massage therapist
137	Athletic trainer
151	Barber shop owner
152	Optometrist
192	X-ray operator
193	Podiatrist
194	Physical therapist
195	Occupational therapist
196	Occupational therapy assistant
197	Physical therapist assistant
270	Nursing home administrator
271	Hearing aid dispenser
272	Sign language interpreter and transliterater
300	Health service provider
301	Psychologist
302	Audiologist
303	Speech pathologist
304	Social worker
305	Dietitian

Code	Title
306	Respiratory care practitioner
400	Emergency medical technician
600	Physician assistant
620	Funeral home owner
700	Plumber
710	Lead professional
720	Backflow tester
800	Tattoo artist
814	Barber
815	Barber instructor
840	Nail technician
842	Manicurist
843	Cosmetologist
844	Cosmetology instructor
845	Electrologist
847	Esthetician
900	Radon tester
910	Radon mitigator
920	Medical physicist
930	Radiology technician
940	Radiation therapy technician
950	Radiology assistant
960	Nuclear medicine technician

Department of Public Safety License Codes

PRVT Private investigators'/private security employees' licenses

Department of Transportation Driver's License Types and Status Codes

The following codes indicate the type of driver's license:

A	Semi-truck license (CDL)
B	Large vehicle license (CDL)
C	Regular driver's license (non-CDL); or a CDL when accompanied by an endorsement of "H" or "P"
D	Chauffeur's license
M	Motorcycle license
O	Identification only; no license. Displays as an "I" in the DLIC CLASS field on the LISAN screen.
Blank	No driver's license (NDL). Displays as an "N" in the DLIC CLASS field on the LISAN screen.

The following codes indicate the status of the driver's license:

BAR	Barred
DED	Deceased
DEN	Denied
DIS	Disqualified
EXP	Expired
OTH	Other not valid
REV	Revoked
SUR	Surrendered
SUS	Suspended
TRL	Temporary restricted license
VAL	Valid
Blank	None