INSTALLER LICENSE APPLICATION

<u>**My Dashboard**</u>: After logging in to the "Outdoor Advertising Control System" (OACS), the system will take you to the OACS Home page – the Dashboard page. Digital user notifications will all be displayed and/or accessible via the Dashboard.

	≡	Dashboard	Outdoor Advertising *	⊖rcsadmin -	2477	0
--	---	-----------	-----------------------	------------------------	------	---

Step 1: Click on the Burger Menu \rightarrow Installer License Applications \rightarrow Installer Applications.

Installer License							
Dashboard	Installer Applications						
Outdoor Advertising >	Installer Licenses						
Installer License Applications							
Invoices >							
Users							

• The "Installer Application" summary grid will be presented to the user, containing all applications (current and historical)

E Installer License								~~ 0	0		
Applications 🕂 Search	n							C	6	Ø	0
Application Number 🖡 🕴	Application Type	Application Submission T	Paper Application Number	Application Status	Date Submitted	Date Approved	Installer Name	License	e Number		÷
9	Installer License Application	Electronic		Approved	07/28/2020	07/28/2020	Delasoft Inc	000004			
7	Installer License Application	Electronic		Submitted	07/24/2020		Delasoft Inc				
2	Installer License Application	Electronic		Approved	07/20/2020	07/20/2020	Delasoft Inc	000002			

Step 2: Click on the "New (+) button. New Installer Application window will open.



Applications 🕂	Search
----------------	--------

New Installer Application	
Application Purpose	
Select the Application Type	
Select Application Type 🗸	
Description	

Step 3: Select "Installer License Application" type from the "Application Type" dropdown.

New Installer Application	
AppKication Purpose Installer Info Attachments	
Select the Application Type	
Installer License Application	
Description	
Installer License Application(Description)	
	Next Step »

Step 4: Click on **"Next Step >"** button. It will navigate to "Installer Info" page.

Note: Installer Info page will be auto filled with Installer details, official and preparer.



New Installer Application		
Application Purpose	Installer Info	Attachments
	Applicatic	on Type : Installer License Application
Select the installer:		
Delasoft Inc		Q View Details
Installer Name	: Delasoft Inc	Select the Installer Preparer *
Address	: Reeds way 92, Suite #223, Milwakuee, Wisconsin, 18745	Revanth Potturi 🗸
Email	: revanth.potturi@delasoft.onmicrosoft.com	Select the Installer Official *
Phone	: (991) 281-8509	Revanth Potturi 🗸
Fax	: (779) 944-5588	
ID	: 3	
« Previous Step		Next Step »

Step 5: Click on "Next Step" button. It will navigate to the "Attachments" page. **"Application Created Successfully**" message will be displayed on screen.

NOTE: A license will not be granted to any applicant who does not reside in this state, or foreign corporation not authorized to do business in this state, unless the application is accompanied by a surety bond payable to the State of Wisconsin in the sum of \$5,000 conditioned upon the licensee observing and fulfilling all applicable provisions of s.84.30 Wis. Stats., or Chapter Trans 201 of Wisconsin Administrative Code.

Step 6: To attach a Surety Bond, click on Select Files and continue to Step 7-9.

Installer License		() testusere	xternal40 👻 🐴 0 🕜 🖂
New Installer Application			
Application Purpose	Installer Info	Attachments	
Attachments			
Based on prior entered information your application re	equires 1 Mandatory Attachments		
Attachment 1 :Copy of Surety Bond			
Select files	Drop files here to upload		
« Previous Step			Next Step »

NOTE: If a surety bond is not required skip Steps 6-9 and proceed to Step 10.

Step 7: A popup window displays with the files located on your computer.



🚽 👻 🛧 🛅 > This	s PC > Documents ~ Ĉ	> P Search Doc	uments
rganize 👻 New folde	r	8	· · 🔟 🤇
📙 Wisdot-Help ma ^	Name	Date modified	Туре
This PC	Custom Office Templates	06-08-2020 00:33	File folder
3D Objects	SQL Server Management Studio	05-08-2020 14:18	File folder
Apple iDhope	Visual Studio 2017	28-08-2020 14:53	File folder
	📴 Site Plan	30-09-2020 18:42	Microsoft E
	Domains	06-11-2020 21:33	Microsoft E
Documents	😰 Agency Sign In & Internal Dashboard	10-09-2020 12:52	Microsoft E
Downloads	Book1	07-08-2020 18:42	Microsoft E
J Music	Bugs list UPA and EPS	12-08-2020 18:32	Microsoft V
E Pictures	Downloads - Shortcut	10-09-2020 12:38	Shortcut
Videos	KYTC-Recycler-Owners bugs	13-08-2020 00:03	Microsoft V
1 OS (C:)	KYTC-Recycler-Owners and property ow	13-08-2020 00:08	Microsoft V
A Mahuark V	winlations-∩∆ and Venetation <	28-08-2020 20-23	Rich Tevt Fr
File na	me: Site Plan	✓ All Files	~

Step 8: Search for required file and select the pdf, docx, or a txt file(s) to be uploaded. The selected file(s) name will be displayed in the 'File Name' textbox in that window.

Step 9: Click on Open and then click on the upload button in the OACS attachment page.



Installer License		💽 testuserexternal39 - 👫 0 💿 🖂
Application Purpose	Installer Info	Attachments
Attachments Based on prior entered information your applicat Attachment 1 :Copy of Surety Bo	ion requires 1 Mandatory Attachments ond	
Drop files here to upload		
Strety Bond.pdf ,37 10 10 Clear Upload	×	
« Previous Step		Next Step »

Step 10: Click on Next Step.

Installer License		() testusere	xternal39 - 🐣 0 🕜 🖂
Application Purpose	Installer Info	Attachments	
Attachments Based on prior entered information your application requires 1 Attachment 1 :Copy of Surety Bond	Mandatory Attachments		
Drop files here to upload	✓ Done		
Surety Bond.pdf			
« Previous Step			Next Step »

Step 11: Page will navigate to the Application Review page.



Application Number - 14		Application Status Not Submitte	ed 💙		Go Back to Applications List
Application Type Assigned To	: Installer License Application : N/A	Workflow Stage Date Approved	: N/A : N/A	Date Submitted	: N/A
		Workflow Status	: N/A	As of Date	month/day/year 🗒 🖸
Application Review:					
Installer Information					~
					ß
Installer Name		Delasoft Inc			
Address		Reeds way 92, Suite #223, Milwa	akuee, Wisconsin, 18745		
Email		revanth.potturi@delasoft.onmic	crosoft.com		
Phone		(991) 281-8509			
Fax		(779) 944-5588			
ID		3			
Official Name		Revanth Potturi			
Preparer Name		Revanth Potturi			
Enter Your Name: Name			Terms and Conditions		
			Download Application	Submit	

Step 12: Enter your name in "Enter Your Name" field and click on Submit.

Enter Your Name:	Testuser	Terms and Conditions	
		Download Application	Submit

• Page navigates to payment page.

Step 13: Click on Pay Online button (bottom right corner of page).

Installer License			🙆 revanth 👻 👘 0 🛛 🖂			
Application Number : 14			< Go Back to Application 🛛 😨 🛛 🧮			
Payment Information :						
Payment Slip Number	: 1079	Invoice Status	Unpaid 🗸			
Application Type	: Installer License Application		Edit Payment Information			
Application Fee	:\$ 250					
		Total Amount	:\$ 250			
• Please note that if payment is not recieved within 30 days of application submittal the application will be considered abandoned and will be deleted from the system. If you wish to pay using a physical check, please download the payment slip and follow the instructions in the payment slip.						
Download Paymer	nt Slip	Pay Online				

Step 14: Will navigate to payment Portal page.



oacs-t.dot.wi.gov/payment/requestPayment/index/75032/9381	acs-t.dot.wi.gov/payment/requestPayment/index/75032/9381	ISCONSIN Departme	ent Of Transporta	ation - Payment Portal	- Google Chror	ne —	
Personal Details Email saipriya.y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number Image:	Personal Details Email salpriya.y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number Card Number Image on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY	oacs-t.dot.wi.gov/	payment/requ	uestPayment/index	/75032/9381		
Personal Details Email saipriya y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number Image: CVV Exp. Date Name on Card Billing Address Image: Edit Billing Address 902 suite road, New Castle Image: Edit Billing Address New Castle, WI 97018 Image:	Personal Details Email saipriya.y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number CVV Exp. Date Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY						
Personal Details Email saipriya.y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number Image: CVV Exp. Date Name on Card Billing Address Image: Card New Castle New Castle, WI 97018 Image: to the Terms and Conditions	Personal Details Email saipriya.y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number CVV Exp. Date Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY		and the second second	COL CO			x
Personal Details Email saipriya.y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number Image:	Personal Details Email saipriya.y@delasoft-inc.com Payment method New Card Account Please select Funding Source Card Number CVV Exp. Date Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY		A State of State	Stotlands		in the second	A
Personal Details Email saipriya.y@delasoft-inc.com Payment method New Card Account Please select Funding Source Card Number Image: CVV Exp. Date Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions	Personal Details Email saipriya.y@delasoft-inc.com Payment method New Card Account • Please select Funding Source • Card Number • Mame on Card • Billing Address • 902 suite road, New Castle • New Castle, WI 97018 • I agree to the Terms and Conditions • PAY •						
Email saipriya.y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number Image: Im	Email salpriya.y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number Card Number Image:	Personal Deta	ils				
Payment method New Card Account Please select Funding Source Card Number Image: CVV Exp. Date Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions	Payment method New Card Account Please select Funding Source Card Number CVV Exp. Date Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY	Email	saipriya	a.y@delasoft-inc.com	Edit		
New Card Account Please select Funding Source Card Number Image: CVV Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions	New Card Account - Please select Funding Source - Card Number - Name on Card - Billing Address - 902 suite road, New Castle - New Castle, WI 97018 - I agree to the Terms and Conditions - PAY -	Payment meth	nod				
Please select Funding Source Card Number Image: CVV Exp. Date Name on Card Billing Address Image: Comparison of the compar	Please select Funding Source Card Number CVV Exp. Date Name on Card Billing Address Edit Billing Address 902 suite road, New Castle Edit Billing Address New Castle, WI 97018 I agree to the Terms and Conditions PAY	New Card Accou	nt				•
Card Number CVV Exp. Date Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions	Card Number CVV Exp. Date Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY	Please select Fu	nding Source				
Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions	Name on Card Billing Address 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY PAY	Card Number		AGR	CVV	Exp. Date	
Billing Address Edit Billing Ad 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions	Billing Address Description D	Name on Card					
902 suite road, New Castle New Castle, WI 97018	902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY Pay	Billing Addres	55			🗌 Edit Billing A	ddress
I agree to the Terms and Conditions	I agree to the Terms and Conditions PAY Pay Pinger 1	902 suite road, N New Castle, WI 9	ew Castle 97018				
	PAY	I agree to the T	erms and Condi	tions			
PAY	Pinger			PAY			
	Pringer					-	
							Privacy - Tr

Step 15: Enter all required details and submit Payment.

- Email confirm the user email is correct or click 'Edit' to change it to your payment email address (where the receipt will be forwarded)
- In Payment Portal, there are 2 types of Payment methods:
 - 1) New Card Account (credit or debit card follow Step 15a)
 - 2) New Bank Account (ACH electronic funds transfer from bank Step 15b)

Step 15a: Credit/Debit card payments, please enter the following required details:

- The Funding Source should be defaulted to 'New Card Account'
- Enter valid credit card details 'Card Number', 'CVV', 'Exp Date', 'Name on Card'



Personal Details Email saipriya y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number Image:	2			
Personal Details Email saipriya.y@delasoft-inc.com Payment method New Card Account Please select Funding Source Card Number Image: CVV Exp. Date Name on Card Billing Address Image: CVV Edit Billing Address 902 suite road, New Castle Image: CVV Edit Billing Address In agree to the Terms and Conditions Image: CVV Edit Billing Address				
Email saipriya.y@delasoft-inc.com Edit Payment method New Card Account Please select Funding Source Card Number Please select Funding Source Card Number CVV Exp. Date Name on Card Billing Address Billin	Personal Deta	ils		
Payment method New Card Account Please select Funding Source Card Number and CVV Exp. Date Name on Card Billing Address Billi	Email	saipriya.y@delasoft-inc.com Ed	dit	
New Card Account Please select Funding Source Card Number Exp. Date Name on Card Billing Address D Edit Billing Add 902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY	Payment meth	od		
Please select Funding Source Card Number CVV Exp. Date Name on Card Billing Address CVV Exp. Date Billing Address CVV Exp. Date Date CVV Exp. Date CVV Exp. Date CVV Exp. Date Date CVV Exp. Date CVVV Exp. Date CVV Exp. D	New Card Account	đ		•
Card Number	Please select Fun	ding Source		
Name on Card Billing Address Description Billing Address Description Descripti	Card Number		CVV Exp. Date	
Billing Address Edit Billing Address 202 suite road, New Castle New Castle, WI 97018 1 agree to the Terms and Conditions PAY	Name on Card			
902 suite road, New Castle New Castle, WI 97018 I agree to the Terms and Conditions PAY	Billing Addres	s	🗌 Edit Billing Ad	dres
] I agree to the Terms and Conditions	902 suite road, Ne New Castle, WI 97	ew Castle 7018		
PAY] I agree to the Te	rms and Conditions		
		PAY		

• Once the user enters their Credit/Debit card #, the system will add in a flat \$2.50 Service fee

NOTE: A flat Service Fee of \$2.50 is applied for all credit and debit card transactions (no fee charged for ACH transactions)

- Confirm the '**Billing Address**' details are correct or click the 'Edit Billing Address' checkbox (right side of page) and update with the correct billing address details
- User clicks on the 'I agree to the Terms and Conditions' check box when data entry is complete
- Click on the 'PAY' button



😍 WISCONSIN Department Of Transportation - Payment Portal - Google Chrome	-		×
oacs-t.dot.wi.gov/payment/requestPayment/index/75031/9381			0
Personal Details saipriya y@delasof-inc.com			
Payment method New Card Account			
Testcard			
Billing Address Edit Billing Address			
902 suite road, New Castle New Castle, WI 97018			
Amount Details			
Payment Amount: \$250.00 Fee: \$2.50 O Total: \$252.50			
C agree to the Terms and Conditions			
PNY \$252.50		C	

- Payment is processed and the 'Payment Success..!!' page is displayed.
- User can close the window after review end of payment process



• The 'Installer License Payment page displays Invoice Status as Paid.



Installer License			🙆 testuserexternal02 - 👫 0 💿 🖂
Application Number : 31			< Go Back to Application
Payment Information :			
Payment Slip Number	: 75040	Invoice Status	Paid 👻
Application Type	: Installer License Application		Edit Payment Information
Application Fee	: \$ 250		
Convenience Fee	: \$ 2.5		
		Total Amount	: \$ 252.5
Please note that if payment is no pay using a physical check, please d Download Paymen	t recieved within 30 days of application submitt ownload the payment slip and follow the instru- t Slip	al the application will be considered tions in the payment slip.	abandoned and will be deleted from the system. If you wish to

Step 15b: For ACH payments (electronic funds transfer from bank), please enter the following required details:

- User will need to select 'New Bank Account' from dropdown list
- Enter valid ACH details 'Account Type', 'Account Holder Type', 'Routing Number', 'Name of Account Holder'

YOUR NAME 1234 Main Street Anywhere, OH 00000)	DATE	123
PAY TO THE ORDER OF			\$
			DOLLARS
	1 :000 1 2 3 4 5 6 7 8 9		DOLLARS
L:044072324	1000123456789	1:153	DOLLARS

• **NOTE:** There is no fee charged for ACH transactions



S WISCONSIN Department Of Transportation - Payment Portal - Google Chrome		
acs-t.dot.wi.gov/payment/requestPayment/index/75031/9381		
Pers	sonal Details	
saipri	riya.y@delasoft-inc.com	
Payr	ment method	
New	Bank Account	
Acco	ount Type	
Routi	ting Number	
Acco	Sunt Number O Confirm Account Number	
Name	e of Account Holder	
	gree to the Terms and Conditions	
	PAY	Privacy - Terms

- Enter the remaining required ACH transaction details:
 - Confirm the 'Billing Address' details are correct or click the 'Edit Billing Address' checkbox (right side of page) and update with the correct billing address details
 - User clicks on the 'I agree to the Terms and Conditions' check box when data entry is complete
 - Click on the 'PAY' button



🗞 WISCONSIN Department Of Transportation - Payment Portal - Google Chrome	- 0 X
oacs-t.dot.wi.gov/payment/requestPayment/index/75031/9381	01
oacs-t.dot.wi.gov/payment/requestPayment/index/75031/9381 Personal Details saipriya y@delasot-inc.com Payment method New Bank Account Checking Personal Account 081000032 0	Ст
Test I agree to the Terms and Conditions PXV \$250.00	

- Payment is processed and the 'Payment Success..!!' page is displayed
- User can close this window upon completion of payment



• The Installer License page displays Invoice Status as Paid.



Installer License			🙆 testuserexternal39 * 🌴 0 💿 🖂
Application Number : 36			< Go Back to Application
Payment Information :			
Payment Slip Number	: 75048	Invoice Status	Paid
Application Type	: Installer License Application		Edit Payment Information
Application Fee	:\$ 250		
Convenience Fee	:\$0		
		Total Amount	: \$ 250
Please note that if payment is no payment a physical check place.	ot recieved within 30 days of application submitta	I the application will be considered a	abandoned and will be deleted from the system. If you wish to
pay using a physical check, please o	adwinioad the payment silp and follow the instruc	uons in the payment sup.	
Download Paymer	nt Slip		

If you have any questions or run into any issues with this process, please contact OACS Customer Support at OutdoorAdvertising@dot.wi.gov or call the Support Line at **608-266-8287**.

