

Wisconsin Driver License (DL)/Identification Card (ID) Application Instructions

Acceptable proof of identity and residency are required.

APPLICATION COMPLETION REQUIREMENTS

- DL customers, complete sections A, B and C.
If under age 18, complete section D also.
- CDL customers, complete sections A, B, C and E. Your Federal Medical Certificate is required, unless you drive a school bus or drive for a political subdivision.
- ID card customers complete sections A and B.

DONOR Responses are recorded to identify potential donors. You need not respond to obtain a license. Answering "yes" does not in itself authorize an anatomical gift. To indicate your desire to make an anatomical gift: sign the back of your driver license or ID card and tell your family.

NOTICE to Males age 18-25 By submitting this application, you consent to be registered with the Selective Service System, if required by Federal law. You also authorize the Department of Transportation to forward any information contained in this application that is requested by the Selective Service System for the purpose of registering you as provided in s.343.14(2)(em) and s.343.234 Wis. Stats.

SOCIAL SECURITY NUMBER (SSN) If you have an ssn, you must provide it. Your SSN may be used: 1) For purposes authorized by law; 2) To link your driver license and vehicle registration records. Your SSN must correspond with the number issued by the Social Security Administration, which is required by s.343.14(2)(bm) Wis. Stats. Federal regulation 49 CFR, Part 383.153 requires an ssn for commercial driver license privileges.

WARNING Any person who, on applying for a driver license or ID card, presents fraudulent or altered documents or makes a false statement to the issuing officer or agency, may be subject to a fine of not more than \$1,000, or imprisonment for not more than 6 months, or both, revocation of driver license privilege for one year or cancellation of the ID card.

RELEASE OF INFORMATION The Department uses information provided to issue driver licenses in Wisconsin, collect fees and enforce laws. Under Wisconsin open records law and s.341.17(9) Wis. Stats., the department may make nonconfidential information available to others for business purposes. If you want your name and address withheld from vehicle record requesters, please indicate in Section A.

ADA The Wisconsin Department of Transportation complies with the Americans with Disabilities Act (ADA).

OFFICE USE ONLY

Date		Processor ID		Reason for Reissue	
Wisconsin or Out-of-State License Number		State		Expiration Date	
Legal Presence	Name/DOB Proof	Identity	Residency Proof	Product Type	
Visual Acuity	Without RX	With RX	Temporal Field of Vision In Degrees	<input type="checkbox"/> REGI <input type="checkbox"/> CDLI <input type="checkbox"/> CYCI <input type="checkbox"/> SPRI <input type="checkbox"/> JUVI <input type="checkbox"/> MPDI	
Right Eye	20/	20/		<input type="checkbox"/> ID <input type="checkbox"/> PROB <input type="checkbox"/> RGLR <input type="checkbox"/> OCCL <input type="checkbox"/> SPRR <input type="checkbox"/> JUVF <input type="checkbox"/> NON	
Left Eye	20/	20/		Application Type	
Corrective Lenses	Color Perception	Hearing (CDL Only)	Driver Education	<input type="checkbox"/> ORG <input type="checkbox"/> RNW <input type="checkbox"/> DUP <input type="checkbox"/> REI <input type="checkbox"/> RSM <input type="checkbox"/> AMD <input type="checkbox"/> COA	
Examiner ID	Test Score	Highway Signs	Knowledge	Class(es) Issued	
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M	
				Endorsements	
				<input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T	
				Federal Medical Certificate Shown	
				<input type="checkbox"/> YES Expires _____ <input type="checkbox"/> NO	
				Amount	
				<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Acct. \$	
				X	
				(Processor Signature)	
				(Processor ID)	

SECTION A - CUSTOMER - PLEASE PRINT

Customer Name - First, Middle Initial, Last						Check one. I am applying for: <input type="checkbox"/> Driver License <input type="checkbox"/> Identification Card		
Residence Address - Street						Birth Date -Month Day Year		
City						Social Security Number		
Residence Address - Street						ZIP Code		
City						County of Residence		
Mailing Address - ONLY If Different from Residence						State		
City						ZIP Code		
Sex	Race	Eyes	Hair	Weight	Height	Former Name If Changed Since Last License		
Please check the box if you wish to have your name/ address withheld from lists the Department sells.						Reason for Name Change		
						<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other _____		
Do you wish to be recorded as a potential organ donor?						Check ONLY ONE of the following three boxes. I certify that I am a:		
<input type="checkbox"/> Yes						<input type="checkbox"/> U.S. Citizen		
<input type="checkbox"/> No						<input type="checkbox"/> Permanent or Conditional Permanent Resident		
						<input type="checkbox"/> Temporary Visitor		
						I certify that the information on this application is true under penalty of perjury and I am a resident of Wisconsin.		
WISCONSIN DRIVER LICENSE/IDENTIFICATION CARD APPLICATION						X		
MV3001 3/2008 Ch.343 Wis. Stats. Wisconsin Dept. of Transportation						(Customer Signature)		
						(Date)		

SECTION B - DRIVER LICENSE/IDENTIFICATION CARD CUSTOMER

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has your license, ID card or operating privilege ever been revoked, suspended, cancelled, disqualified or denied?
If yes, give date and place _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of operating while intoxicated OUTSIDE of Wisconsin?
If yes, give date and place _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you hold a valid driver's license/identification card FROM ANOTHER STATE/COUNTRY?
If yes, list _____

Years of licensed driving experience in the U.S. and Canada? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION C - ALL DRIVER LICENSE CUSTOMERS ONLY

- | | YES | NO | |
|---|------------------------------------|--|---|
| 1. Do you need glasses or contact lenses for driving? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. In the past year, have you had a loss of consciousness or muscle control, caused by any of the following conditions? If yes, check condition(s) and give date(s) _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Brain or Head Injury (2) | <input type="checkbox"/> Heart (6) | <input type="checkbox"/> Mental (3) | <input type="checkbox"/> Seizure Disorder (4) |
| <input type="checkbox"/> Diabetes (5) | <input type="checkbox"/> Lung (6) | <input type="checkbox"/> Muscle or Nerve (2) | <input type="checkbox"/> Stroke (2) |

SECTION D - DRIVER LICENSE CUSTOMERS UNDER AGE 18 ONLY

Applicant Certification: I certify that in the past 6 months, I have not been ticketed for a moving violation that has or may result in a conviction. I understand that falsifying this statement will result in the cancellation of my probationary license. Applicant Signature - Required

X

School Certification: I certify under s.343.14(5) Wis. Stats., that this applicant is enrolled in approved behind-the-wheel training which begins no later than 60 days from date signed.

School Name _____

Official WI DOT Test Results (line out if not used)

Knowledge Test

Highway Sign Test

☐ Pass

☐ Fail

☐ Pass

☐ Fail

Authorized School Official/Instructor Signature _____

Date Signed _____

X

Sponsor Certification: As the adult sponsor, I accept responsibility and verify that minor is not a habitual truant and meets the educational requirements under s.343.15 Wis. Stats. and, if required for this application, has accumulated at least 30 hours of driving experience, 10 of which were at night.

Minor Name - Print _____

Sponsor Name - Print _____

Relationship to Customer _____

Sponsor Wisconsin DL/ID Number _____

Sex _____

Birth Date _____

Sponsor Signature (Must be Notarized) _____

X

State of Wisconsin County Of _____

Subscribed and sworn to before me this date _____

Notary Public or DOT Authorized Agent _____

My Commission Expires _____

X

Do NOT Use Notary Seal

SECTION E - COMMERCIAL DRIVER LICENSE CUSTOMERS ONLY

If applying for an HME, complete form MV3735.

If applying for a school bus endorsement, complete form MV3740.

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. In the past 5 years, have you had a loss of consciousness or muscle control, caused by a neurological condition, for example, seizure disorder? | <input type="checkbox"/> | <input type="checkbox"/> | 6. In the past 5 years, have you been convicted of a felony or offense against public morals in Wisconsin or in any other state? If yes, give date and place _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past 2 years, have you taken insulin to control a diabetic condition? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is the vehicle you will be operating equipped with air brakes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 2 years, have you taken oral medication to control a diabetic condition? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you meet all the driver qualifications as required by 49 CFR 391 to operate a commercial vehicle? If yes, show your valid Federal Medical Certificate to the examiner. If not, see publication BDS218. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your hearing impaired? (hard of hearing) | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the vehicle in which you will take the commercial driver license skill test representative of the type of vehicle you will operate or intend to operate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you held a valid operator's license in the last 10 years from any jurisdiction (state) other than Wisconsin? If yes, list all states _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |