

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 Has your license, ID card or operating privilege ever been revoked, suspended, cancelled, disqualified or denied?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 _____
2. Have you been convicted of operating while intoxicated OUTSIDE of Wisconsin?
If yes, give date and place _____
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? _____

SECTION C - ALL DRIVER LICENSE CUSTOMERS ONLY

- YES NO
1. Do you need glasses or contact lenses for driving?
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) _____
- Brain or Head Injury (2) Heart (6) Mental (3) Seizure Disorder (4)
- Diabetes (5) Lung (6) Muscle or Nerve (2) 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	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> 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
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?
2. In the past 2 years, have you taken insulin to control a diabetic condition?
3. In the past 2 years, have you taken oral medication to control a diabetic condition?
4. Is your hearing impaired? (hard of hearing)
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 _____
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 _____
7. Is the vehicle you will be operating equipped with air brakes?
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.
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?