

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 cancelation 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 <input type="checkbox"/> ID <input type="checkbox"/> PROB <input type="checkbox"/> RGLR <input type="checkbox"/> OCCL <input type="checkbox"/> SPRR <input type="checkbox"/> JUVP <input type="checkbox"/> NON	
Right Eye	20/	20/		Application Type	
Left Eye	20/	20/		<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	
Corrective Lenses	Color Perception	Hearing (CDL Only)	Driver Education	Class(es) Issued	
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M	
Examiner ID	Test Score	Highway Signs	Knowledge	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

Check one. I am applying for: Driver License Identification Card

Customer Name - First, Middle Initial, Last				Birth Date -Month Day Year		Social Security Number	
Residence Address - Street				City		State	
						ZIP Code	
						County of Residence	
Mailing Address - ONLY If Different from Residence				City		State	
						ZIP Code	
Sex	Race	Eyes	Hair	Weight	Height	Former Name If Changed Since Last License	
<input type="checkbox"/> 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							
MV3001 3/2008 Ch.343 Wis. Stats. Wisconsin Dept. of Transportation							
						X	
						(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 _____
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?