



WISCONSIN DRIVER LICENSE (DL) APPLICATION

Wisconsin Department of Transportation
MV3001 9/2017 Ch. 343 Wis. Stats.

An unexpired Wisconsin driver license is acceptable photo ID for voting.
(s. 5.02(6m) Wis. Stats.)

Acceptable proof of name and date of birth, legal presence, identity and Wisconsin residency are required. Please see DOT publication BDS316 or wisconsindmv.gov/dl-docs for a list of acceptable documents.

APPLICATION COMPLETION REQUIREMENTS

- **ALL applicants**, complete the top section on back.
If under age 18, also complete the **'UNDER AGE 18'** section below.
- **CDL applicants**, complete the **'CDL APPLICANT ONLY'** section below.
Your Federal Medical Certificate is required unless you drive a school bus or drive for a political subdivision.

DONOR Check the box if you wish to help others by donating your organs, tissue and eyes upon your death. Your gift will be used to save and improve lives through transplantation, therapy, research or education. If you are at least 18, checking the box indicates your legal consent for donation. You do not have to answer this question to obtain a license.

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

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

COMMERCIAL DRIVER LICENSE APPLICANT ONLY

If applying for a HAZMAT endorsement (HME), complete *Driver License Hazardous Materials Endorsement Application*, form MV3735.
If applying for a school bus endorsement, complete *School Bus or Alternative Vehicle License Information Request*, form MV3740.

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?	YES	NO	6. Is the vehicle you will be operating equipped with air brakes?	YES	NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. In the past 2 years, have you taken insulin to control a diabetic condition?	YES	NO	7. Do you meet all the driver qualifications as required by 49 CFR 391 to operate a commercial vehicle? If not, see <i>Motor Carrier Safety FAQs</i> in the Wisconsin Commercial Driver's Manual.	YES	NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. In the past 2 years, have you taken oral medication to control a diabetic condition?	YES	NO	8. School Bus, CDL Instructional Permit and New CDL Class/Endorsement Applicants Only. Is the vehicle in which you will take the commercial driver license skills test representative of the type of vehicle you will operate or intend to operate?	YES	NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Is your hearing impaired? (hard of hearing)	YES	NO	9. School Bus Applicants Only. Have you been convicted of an offense identified on <i>School Bus or Alternative Vehicle License Information Request</i> , form MV3740 in Wisconsin or any other jurisdiction? If yes, list date and place:	YES	NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<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:	YES	NO			
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			

DRIVER LICENSE APPLICANT UNDER AGE 18 ONLY

Applicant Certification: I certify that in the past six 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 that this applicant is enrolled in approved behind-the-wheel training which begins no later than 60 days from date signed.

School ID Number School Name

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

Minor Name – Print

Sponsor Name – Print

Relationship to Applicant

Sponsor Wisconsin DL/ID Number

Sex

Birth Date (mm/dd/yyyy)

X

Official WisDOT Test Results (line out if not used)

(Sponsor Signature – Must be Witnessed by DMV Agent or Notarized)

Knowledge Test
Pass ☐ Fail ☐

Highway Sign Test
Pass ☐ Fail ☐

State of Wisconsin County of

Subscribed and sworn to before me on this date

X

(Authorized School Official/Instructor Signature)

(Date Signed)

X

(DMV Authorized Agent or Notary Signature)
DO NOT Use Notary Seal

(My Commission Expires)

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ALL APPLICANTS – Please Print

Social Security Number		Applicant Name – First, Middle, Last				Birth Date (mm/dd/yyyy)	
Residence Address – Street		Apt #	City	State	ZIP Code	County of Residence	
Mailing Address – <u>ONLY IF DIFFERENT</u> from Residence		Apt #	City	State	ZIP Code	County of Residence	
Sex	Race	Eyes	Hair	Weight	Height		
Former Name (if changed since last license or ID card)				Reason for Name Change Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other <input type="checkbox"/> List: _____			

1. Do you wish to register to be an organ, tissue and eye donor? YES <input type="checkbox"/>	7. Do you need glasses or contact lenses for driving? YES NO <input type="checkbox"/> <input type="checkbox"/>
2. OPT OUT – Do you wish to have your name and address withheld from lists WisDOT sells? YES <input type="checkbox"/>	8. Are you missing a limb? YES NO <input type="checkbox"/> <input type="checkbox"/>
3. I am a veteran registered with WDVA and wish to have my veteran status indicated on my driver license. (DMV is required to verify your status with WDVA) YES <input type="checkbox"/>	If yes, have you successfully passed a road test with this condition? YES NO <input type="checkbox"/> <input type="checkbox"/>
4. Has your license, ID card or operating privilege ever been revoked, suspended, cancelled, disqualified or denied? YES NO <input type="checkbox"/> <input type="checkbox"/> If yes, list date and place: _____	9. In the past year have you had a loss of consciousness or muscle control caused by any of the following conditions? YES NO <input type="checkbox"/> <input type="checkbox"/> If yes, check condition(s) and list date(s): _____
5. Have you been convicted of operating while intoxicated OUTSIDE of Wisconsin? YES NO <input type="checkbox"/> <input type="checkbox"/> If yes, give date and place: _____	Traumatic Brain or Head Injury (2) <input type="checkbox"/> Muscle or Nerve (2) <input type="checkbox"/> Seizure Disorder (4) <input type="checkbox"/> Heart (6) <input type="checkbox"/> Stroke (2) <input type="checkbox"/> Mental (3) <input type="checkbox"/> Diabetes (5) <input type="checkbox"/> Lung (7) <input type="checkbox"/>
6. Do you hold a valid driver license/identification card from another state/country? YES NO <input type="checkbox"/> <input type="checkbox"/> If yes, list: _____ Years of licensed driving experience in the United States, its territories and Canada. List: _____	10. Check ONLY ONE of the following three boxes. I certify that I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Temporary Visitor <input type="checkbox"/> Permanent or Conditional Permanent Resident
	11. Will you donate \$2 to organ, tissue and eye donation efforts? YES <input type="checkbox"/>

I understand that I must surrender for cancellation any driver license or identification card previously issued by another state before I may be issued a driver license or identification card in the State of Wisconsin. The State of Wisconsin will notify the other state that my driver license or identification card is surrendered and cancelled, and that I have been issued a Wisconsin license or identification card. (ss. 343.11(1) and (2), and 343.50(1)(b) Wis. Stats.) I certify that the information on this application is true under penalty of perjury and I am a resident of Wisconsin. (s. 343.14(5) Wis. Stats.)

X

(Applicant Signature)

(Date)

OFFICE USE ONLY

Date	Processor ID		Reason for Reissue:	Product Type
Wisconsin or Out-of-State License Number	State	Expiration Date	<input type="checkbox"/> REAL ID	<input type="checkbox"/> REGI <input type="checkbox"/> CLP <input type="checkbox"/> CYCI <input type="checkbox"/> SPRI <input type="checkbox"/> JUVI <input type="checkbox"/> MPDI <input type="checkbox"/> PROB <input type="checkbox"/> RGLR <input type="checkbox"/> OCCL <input type="checkbox"/> SPRR <input type="checkbox"/> JVP <input type="checkbox"/> NON
Hearing (CDL Only)	Examiner ID		Application Type	
Skill Test Score	Highway Signs	Knowledge	<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	
Class(es) Issued		Endorsements		
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M		<input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> F		
Federal Medical Certificate Shown				
<input type="checkbox"/> NO <input type="checkbox"/> YES; Expires: _____				
Payment		Amount		
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Acct.		\$		

VISION

Visual Acuity	Without RX	With RX	Temporal Field of Vision In Degrees	<input type="checkbox"/> Check if vision section completed by DMV Examiner
Right Eye	20/	20/		Being duly licensed to practice <input type="checkbox"/> Optometry <input type="checkbox"/> Medicine, in: <input type="checkbox"/> Wisconsin, or <input type="checkbox"/> Other
Left Eye	20/	20/		Name of State or Country
Corrective lenses required while driving <input type="checkbox"/> YES <input type="checkbox"/> NO	Color Perception <input type="checkbox"/> Normal <input type="checkbox"/> Deficient			I certify that the findings are correct and I examined this applicant on: _____ (Exam Date)
Progressive eye disease or cataracts <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, to Progressive eye disease or cataracts <input type="checkbox"/> One Eye <input type="checkbox"/> Both Eyes			X (Eye Examiner Signature)
				(License #)