

WYOMING DRIVER LICENSE/IDENTIFICATION CARD APPLICATION



Instructions: Please complete all but the "WYDOT USE ONLY" section of this application and print clearly.

APPLICANT INFORMATION (NOTE: YOUR ADDRESS BELOW MUST BE CURRENT, THE U.S. POSTAL SERVICE WILL NOT FORWARD.)

LEGAL LAST NAME		FIRST NAME	MIDDLE NAME, SUFFIX	SOCIAL SECURITY NUMBER		BIRTHDATE (mm/dd/yyyy)	
MAILING ADDRESS (if different from below) <i>NOTE: This address will show on your license/ID card</i>				CITY	STATE	ZIP CODE	
RESIDENTIAL ADDRESS				CITY	STATE	ZIP CODE	
HOME PHONE (including area code):		CELL PHONE (including area code):		GENDER (check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NATURAL HAIR COLOR		NATURAL EYE COLOR
PLACE OF BIRTH CITY: _____ STATE or COUNTRY: _____		EMAIL ADDRESS (optional): _____		HEIGHT FT. _____ IN. _____		WEIGHT LBS. _____	
I am applying for or renewing: <input type="checkbox"/> Driver License <input type="checkbox"/> Identification Card <input type="checkbox"/> Temporary Motorcycle <input type="checkbox"/> Instruction Permit <input type="checkbox"/> Commercial Learner's Permit (see question #14)				CURRENT DRIVER LICENSE NUMBER		STATE	

1. YES NO Are you a United States Citizen?
2. YES NO Are you a Wyoming Resident? *If no, are you:* Active-Duty Military/Dependent Full-time WY College Student
3. List **any** state, including **Wyoming**, you have held a driver license/permit within the previous 10 years _____
4. YES NO Do you possess more than one valid driver license? *If yes, where?* _____
5. YES NO Is your current driver license/identification card from the state of _____ lost, stolen, or been taken by law enforcement?
6. YES NO Is your privilege to drive currently suspended, cancelled, revoked or denied in this or any other state?

In the last 2 years, have you suffered from or are you under a doctor's care for the following:

7. YES NO Epilepsy, seizure disorder, or seizures?
8. YES NO Loss of muscular control?
9. YES NO Loss of consciousness?
10. YES NO Loss or impairment of a limb?

If yes, please explain: _____

11. YES NO Do you wish to be an **organ and tissue** donor? ****If under 18 yrs. old, you must have your parent/guardian permission to be a donor.**
****The above minor has my permission to be a donor:** _____ **Parent/Guardian Signature**
12. YES NO Do you want the "Next of Kin" (Emergency Contact) designation on your driver license? *If yes, complete the **Emergency Contact** section.*
13. YES NO Are you approved by the Wyoming Veterans Commission for the Veteran designation as an honorably discharged U.S. Veteran and want it to be indicated on your license or ID? **Wyoming Veterans Commission may be contacted at 307-777-8152.**
14. YES NO Are you applying for or renewing a Commercial Driver License? *If yes, you must complete the **Wyoming Commercial Driver License Application**.*

I hereby certify under penalty of perjury, that the above information is true and correct. I understand that the use of a false or fictitious name; and/or knowingly making a false statement; and/or concealing a material fact in this application may result in a fine or imprisonment or both, and the cancellation of my Wyoming driver license and/or identification card.

APPLICANT SIGNATURE		DATE (mm/dd/yyyy)	PARENT/GUARDIAN SIGNATURE		DATE (mm/dd/yyyy)
<i>Minor's Release: I hereby certify under penalties of law, that I am the legal parent/guardian having custody of the minor and hereby verify that the above information is true and correct.</i>			PRINT THE NAME OF THE PERSON SIGNING FOR MINOR		<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN

EMERGENCY CONTACT I designate the following individual as my next of kin (emergency contact) and authorize emergency personnel or law enforcement to contact this person in the event I am unable to do so myself.

RELATIONSHIP TO APPLICANT	FULL NAME	CONTACT PHONE (including area code):
RESIDENTIAL ADDRESS		ALTERNATE PHONE (including area code):

VISION SCREENING <i>Visual Acuity:</i> Right: 20/_____ Left: 20/_____ Both: 20/_____			VISION SPECIALIST or DL EXAMINER SIGNATURE
<input type="checkbox"/> with OR <input type="checkbox"/> w/o corrective lenses			
<i>Horizontal Field of Vision:</i> Is at least 60 in one eye or 120 in both (140 in both if a CDL driver)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

VERIFICATION DOCS <input type="checkbox"/> Previously compliant and verified in DocMan		**WYDOT USE ONLY**		MVID #
<input type="checkbox"/> BC <input type="checkbox"/> PP <input type="checkbox"/> SS <input type="checkbox"/> DL <input type="checkbox"/> PR (<input type="checkbox"/> x1 <input type="checkbox"/> x2) <input type="checkbox"/> OTHER _____				

IMMIGRATION DOCS <input type="checkbox"/> VISA <input type="checkbox"/> I-551 <input type="checkbox"/> I-766 <input type="checkbox"/> I-797 <input type="checkbox"/> OTHER _____		CHECKS <input type="checkbox"/> TEST SCORE TRACKING <input type="checkbox"/> PDPS License # _____	
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LICENSE INFO Issue Date _____ Service _____ Class _____		REQUIRED FORMS <input type="checkbox"/> GD/L (for I2 license) <input type="checkbox"/> CDL APPLICATION (for CDL license)	
		AMT COLLECTED \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Check # _____	

COMMENTS	DRIVER LICENSE EXAMINER SIGNATURE	DATE
	DRIVER LICENSE EXAMINER SIGNATURE	DATE