

WYOMING COMMERCIAL DRIVER LICENSE APPLICATION



APPLICANT INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH			CREDIT CARD PAYMENT OPTION: If you would like to pay by credit card, for an additional \$2.50 fee, you will be contacted when we are ready to process your renewal. Please provide your email address below and initial here: _____			
	MONTH	DAY	YEAR				
LEGAL LAST NAME				FIRST NAME		MIDDLE NAME, SUFFIX	
List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)							
MAILING ADDRESS (if different) <small>NOTE: This address will show on your license</small>				CITY	STATE	ZIP CODE	NATURAL HAIR COLOR
RESIDENTIAL ADDRESS (Where you currently live)				CITY	STATE	ZIP CODE	NATURAL EYE COLOR
HOME PHONE (including area code):		CELL PHONE (including area code):		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PLACE OF BIRTH CITY:	PLACE OF BIRTH STATE or COUNTRY:
If in the future our system is able to send email notifications, how would you like to be notified? <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> BOTH		EMAIL ADDRESS			DRIVER LICENSE NUMBER		

You must answer all of the following questions:

1. List **all** states, including **WY**, where you have held a driver license/learner permit or ID card: _____
2. Are you a United States Citizen? YES NO
3. Would you like to register your decision to be an organ and tissue donor? YES NO
4. Are you a Wyoming Resident? *If no, are you:* Active-Duty Military/Dependent Full-time WY College Student YES NO
5. Has your current driver license/ID card been lost, stolen or been taken by law enforcement? If so, from what state? _____ YES NO
6. Is your privilege to drive currently suspended, cancelled, revoked or denied in this or any other state? YES NO
7. Do you want your emergency contact information on file with this Department and the "Next of Kin" (NOK) designation on your driver license? **If yes, complete the Emergency Contact form on the reverse side of this application.** YES NO
8. Did you submit your request for the Veteran designation to the Wyoming Veterans Commission, been **APPROVED** and want the designation indicated on your driver license? **Wyoming Veterans Commission may be contacted at 307-777-8152.** ... YES NO

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

9. Epilepsy, seizure disorder, or seizures? *If yes, please explain:* _____ YES NO
10. Loss of muscular control? *If yes, please explain:* _____ YES NO
11. Loss of consciousness? *If yes, please explain:* _____ YES NO
12. Loss or impairment of a limb? *If yes, please explain:* _____ YES NO

Choose one of the following categories that apply to you:

- NI – Non-Excepted Interstate** (Current Medical Certificate Required) I meet the qualification requirements under 49 CFR Part 391.
- NA – Non-Excepted Intrastate** (Current Medical Certificate Required) I **do not** meet the qualification requirements under 49 CFR Part 391 or I am under 21 years of age.
- EI – Excepted Interstate** (Medical Certificate NOT Required) I am EXEMPT from the qualification requirements under 49 CFR Part 391.
- EA – Excepted Intrastate** (Medical Certificate NOT Required) I **do not** meet the requirements of 49 CFR Part 391.

*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 form may result in the cancellation of my Wyoming driver license. I hereby authorize the release of my driving record to authorized recipients. **In addition, I understand that by being issued this credential, any other credential issued in my name in this or any other state, may be subject to cancellation.***

APPLICANT SIGNATURE	DATE
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VISION SCREENING REQUIRED **Prescriptions Not Accepted** Visual Acuity: Right: 20/____ Left: 20/____ Both: 20/____ <input type="checkbox"/> with OR <input type="checkbox"/> w/o corrective lenses Horizontal Field of Vision: Both Eyes _____ (Minimum requirement at least 70 in each eye) <input type="checkbox"/> Vision Eval Scanned?	VISION SPECIALIST or DL EXAMINER SIGNATURE DATE
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VERIFICATION DOCS <input type="checkbox"/> All documents verified in DocMan <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 _____	**WYDOT USE ONLY**	MVID # _____
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"/> ATTRIBUTES <input type="checkbox"/> PRE-SERVICE / DLN STATES CHECKED _____	
DL/IDC INFO Service _____ Class _____	<input type="checkbox"/> DOT Med Cert _____	
Endorsements _____ Restrictions _____	AMT COLLECTED \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Check # _____	
COMMENTS _____	DRIVER LICENSE EXAMINER SIGNATURE _____	DATE _____

For military applications or credit card payments, please email form to renewals@wyo.gov.

EMERGENCY CONTACT INFORMATION**(NEXT OF KIN DESIGNATION)**

RELATIONSHIP TO APPLICANT	EMERGENCY CONTACT FULL NAME	CONTACT PHONE (including area code):
EMERGENCY CONTACT RESIDENTIAL ADDRESS		ALTERNATE PHONE (including area code):
I designate the above 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.		
APPLICANT NAME (Please Print)		DATE

EXAM STATION LOCATIONSTimes and days are subject to change, please visit our website at www.dot.state.wy.us for additional information.

Baggs – 307-383-2000 105 2nd Street 1st Thursday each Month, 10:00 am - 2:45 pm Open <u>only</u> Feb, April, June, Aug, Oct, Dec	Gillette – 307-682-2671 3540 East Warlow Drive M-F, 8:00 am - 4:30 pm	Riverton – 307-856-3202 877 N 8 th St W, Suite 5 Mon, Thur, & Fri, 8:00 am - 4:30 pm Closed the 4th Monday of each month
Basin – 307-568-2529 509 West B Street Wed, 8:45 am - 4:00 pm Closed for lunch 12:00 pm - 1:00 pm	Jackson – 307-733-4571 1040 Evans Road M-F, 8:00 am - 4:30 pm Thur & Fri, Closed for lunch 12:00 pm - 1:00 pm	Rock Springs – 307-352-3001 3200 Elk Street M-F, 8:00 am - 4:30 pm
Big Piney – 307-276-3059 231 D North Front Street Wed, 9:00 am - 4:00 pm Closed for lunch 12:00 pm - 1:00 pm	Kemmerer – (307) 877-9372 925 Sage St., Suite 106 Thur & Fri, 8:00 am - 4:30 pm Closed for lunch 12:00 pm - 1:00 pm	Sheridan – 307-672-5924 1949 Sugarland Dr. #168 Mon, Tues, Thur, Fri, 8:00 am - 4:30pm
Buffalo – 307-684-5809 350 East Hart Street, Space #3 Wed, 9:00 am - 4:00 pm	Lander – 307-332-9858 125 Sunflower Street Tues & Wed, 9:00 am - 4:00 pm	Sundance – 307-283-2557 224 S. 29th Street Mon & Thur, 9:00am-4:00pm Closed for lunch 12:00 pm - 1:00 pm
Casper - 307-473-3333 800 Bryan Stock Trail M-F, 8:00 am - 4:30 pm	Laramie – 307-745-2225 3411 South 3 rd St. Ste 8 M-F, 8:00 am - 4:30 pm	Thayne – 307-883-5003 250 VanNoy Parkway, St B130 Thru & Fri 9:30am – 4:30 pm Closed for lunch 12:00 pm - 1:00 pm
Cheyenne – 307-777-3835 1520 Etchepare Circle M-F, 8am-4:30pm	Lovell – 307-548-2494 203 East 2nd Street Tues, 9:30 am - 4:00 pm	Thermopolis – 307-864-9407 173 US Hwy 20 South Tues, 9:00 am - 4:00 pm Closed for lunch 12:00 pm - 1:00 pm
Cody – 307-587-3346 1501 Stampede Ave, Ste 3000 Mon & Wed-Fri, 8:00 am - 4:30 pm	Lusk – 307-334-2098 905 South Main Street Wed, 9:00 am - 3:30 pm Closed for lunch 12:00 pm - 1:00 pm	Torrington – 307-532-1270 2948 West "C" ST, Ste A Mon, Tues, Thur, Fri 8:00am - 4:30pm Closed for lunch 12:00 pm - 1:00 pm
Douglas – 307-358-7190 50 Orin Way Wed-Fri, 8:00 am - 4:30 pm Closed for lunch 12:00 pm - 1:00 pm	Newcastle – 307-746-2690 723A Washington Blvd Tues, Wed, & Fri, 8:00 am - 4:30 pm Closed for lunch 12:00 pm - 1:00 pm	Wheatland – 307-322-6509 68 16 th Street Mon & Tues 9:30am – 4:00 pm Closed for lunch 12:00 pm - 1:00 pm
Dubois – 307-455-3140 712 Meckem Street 4th Monday each Month, 10:00 am - 3:00 pm	Pinedale – 307-367-4381 1551 West Pine Street Mon, 10:00 am - 4:00 pm, Tues, 8:00 am - 4:00 pm Closed for lunch 12:00 pm - 1:00 pm	Worland – 307-347-6528 606 S 12 th Street Mon, Thur, Fri, 8:00 am - 4:30pm Closed for lunch 12:00 pm - 1:00 pm
Evanston – 307-789-2257 555 County Road M-F, 8:00 am - 4:30 pm Closed for lunch 12:00 pm - 1:00 pm	Rawlins – 307-328-4102 301 Airport Road M-F, 8:00 am - 4:30 pm Closed for lunch 12:00 pm - 1:00 pm, Closed the 1st Thurs of Month in Feb, April, June, Aug, Oct, Dec	