

WYOMING 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	NATURAL EYE COLOR			
RESIDENTIAL ADDRESS (Where you currently live)				CITY	STATE	ZIP CODE	HEIGHT	FT.	IN.	LBS.	
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:

- List **all** states, including **WY**, where you have held a driver license/learner permit or ID card: _____
- Are you a United States Citizen? YES NO
- Would you like to register your decision to be an organ and tissue donor? ****If under 18 yrs. old, your parent/guardian must sign below.**** YES NO
****The above minor has my permission to register as a donor:** _____ **Parent/Guardian Signature**
- Are you a Wyoming Resident? **If no, are you:** Active-Duty Military/Dependent Full-time WY College Student YES NO
- Has your current driver license/ID card been lost, stolen or been taken by law enforcement? If so, from what state? _____ YES NO
- Is your privilege to drive currently suspended, cancelled, revoked or denied in this or any other state? YES NO
- 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
- 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:

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

*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. **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	PARENT/GUARDIAN SIGNATURE	DATE
PRINT THE NAME OF THE PERSON SIGNING FOR MINOR	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN	<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>	

VISION SCREENING	**Prescriptions Not Accepted**	VISION SPECIALIST or DL EXAMINER SIGNATURE
Visual Acuity: Right: 20/____ Left: 20/____ Both: 20/____ <input type="checkbox"/> with OR <input type="checkbox"/> w/o corrective lenses		DATE
Horizontal Field of Vision: Both Eyes _____ One Eye _____ <i>(Minimum requirement at least 90 in one eye or 120 in both)</i>		
		<input type="checkbox"/> Vis Eval Scanned?

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 _____	FOR "Z" ENDORS: <input type="checkbox"/> Competency Affidavit <input type="checkbox"/> Class A or B License	
Endorsements _____ Restrictions _____	AMT COLLECTED \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Check # _____	
COMMENTS	DRIVER LICENSE EXAMINER SIGNATURE	DATE
		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>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.</i>		
APPLICANT NAME (Please Print)		DATE

EXAM STATION LOCATIONS

Times 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, 10am-4:30pm 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	