Information about the Wisconsin Driver License (DL) Application (form MV3001)

You will need to visit a **DMV service center** and present an MV3001 application when you:

- apply for an original or duplicate* driver license or instruction permit
- renew an existing driver license
- apply for an occupational license

An application may only be submitted through the mail if you are unable to renew or obtain a duplicate driver license because you are a Wisconsin resident who is temporarily out-of-state.

More information about:

- renewing when out of state
- fees
- · applying for a license

^{*} **Note:** You may be eligible to order a duplicate driver license online rather than visit a DMV service center. See our online **duplicate driver license application** for further information.

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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.

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.

WARNING Any applicant for a driver license who 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, imprisonment for not more than six months or both. The driver license privilege may also be revoked for one year. (s. 343.14(5) Wis. Stats.)

OPT OUT Under Wisconsin open records laws, WisDOT must provide information from its records to requesters. If you do not want your name and address included in requests we receive for ten or more records, you may ask WisDOT to withhold your name and address from those lists by checking the box on the application.

INSURANCE No person may operate a motor vehicle in Wisconsin unless the owner or driver of the vehicle has liability insurance in effect for the vehicle being operated and carries proof of insurance whenever driving. Failure to have insurance could result in a fine up to \$500. Refer to s. 344.61-344.65 Wis. Stats, for full details.

COMMERCIAL DRIVER LICENSE APPLICANT ONLY

						Hazardous Materials Endorsen native Vehicle License Informa						
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 oper with air brakes?	ipped	YE:	S NO			
2. In the past 2 years, have you taken insulin to control a diabetic condition?			YES	NO	7.	. Do you meet all the driver quaby 49 CFR 391 to operate a clif not, see <i>Motor Carrier Safe</i> . Commercial Driver's Manual.	ommercia	al vehicle?		S NO		
3. In the past 2 years, have you taken oral medication to control a diabetic condition?			YES	NO	8.	3. School Bus, CDL Instructional Permit and New CDL Class/Endorsement Applicants Only. Is the vehicle in which you will take the commercial			YE:	S NO		
4. Is your hearing impaired? (hard of hearing)			YES	NO		driver license skills test repre- of vehicle you will operate or	intend to d					
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	9.	Have you been convicted of a on School Bus or Alternative Information Request, form Mor any other jurisdiction? If ye	in offense <i>Vehicle Li</i> /3740 in \	<i>icense</i> Visconsin		S NO		
DRIVER LICE	NSE APPLICA	NT 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.						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						
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.					Sponsor Name – Print Relationship to App							
School ID Number School Name						ponsor Wisconsin DL/ID Number	Sex Birth Date (mm/		ı/dd/yyyy)			
					X	(
Official WisDOT Test Results (line out if not used)					(Sponsor Signature – Must be Witnessed by DMV Agent or Notarized)							
Knowledge Test Highway Sign Test						State of Wisconsin County of	Subscribed	and sworn to b	efore me on	this date		
Pass 🗌	Fail 🗌	Pass 🗌 💮 Fa	ail 🗌									

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ALL APPLICAN Social Security Number		Print Applicant N	Name – First, Mic	ddle. Last				Birth Date (m	m/dd/vvvv)		
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Residence Address – S	Street		Apt#	City		State	ZIP Co	ode	County of R	esidence	
1ailing Address – <u>ONL</u>	Y IF DIFFERENT fro	om Residend	ce Apt#	City		State	ZIP Co	ode	County of R	esidence	
ex	Race		Eyes		Hair		Weight		Height		
N ('5)		15 1			D (N	01					
Former Name (if changed since last license or ID card)					Reason for Name Change Marriage Divorce Other List:						
Do you wish to register to be an organ, tissue and eye donor? YES					7. Do you need glasses or contact lenses for driving? YES						
OPT OUT – Do you wish to have your name and address YES ☐ withheld from lists WisDOT sells?					8. Are you missing a limb? YES						
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 🗌	If yes, have you successfully passed a road test with this YES N condition?						
revoked, suspen	Has your license, ID card or operating privilege ever been evoked, suspended, cancelled, disqualified or denied? ☐ ☐ ☐ ☐										
OUTSIDE of Wis	lave you been convicted of operating while intoxicat butSIDE of Wisconsin? If yes, give date and place:			YES NO	Head Injur	Traumatic Brain or Muscle or Seizure Head Injury (2) Nerve (2) Disorder (4) Stroke (2) Mental (3) Diabetes (5)					
	Do you hold a valid driver license/identification card from another state/country?					10. Check ONLY ONE of the following three boxes. I certify that I am a: U.S. Citizen Temporary Visitor Permanent or Conditional Permanent Resident					
Years of licensed driving experience in the United States, its territories and Canada. List:					☐ Pe					YES 🗆	
irrendered and can at the information o				erjury and I a	n a resident of \				o(1)(b) Wis.	Stats.) I cen	
				(A)	plicant Signature)				(Date)		
FFICE USE ON				F	eason for Reissu						
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Nisconsin or Out-of-State License Number State			Expirati	ion Date	REAL ID REGI CLP CYCI SPRI JUVI MPDI PROB RGLR OCCL SPRR JUVP NON						
earing (CDL Only)		 Examiner ID		,	Application Type						
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kill Test Score	Highway Signs	\$				Class(es) Issued Endorsements A B C D M H N P S T F					
					Ederal Medical C			<u> </u>] F L 3		
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(Processor Signature)			(Process	sor ID)	Check (Cash L C	C	\$			
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ight Eye 2	20/	20/			Name of State	or Country					
<u> </u>					I certify that t						
,	20/	20/	antion		and I examin	ed this appli	cant on:			(Exam Date	
corrective lenses required YES NO	rea While driving	Color Perce	eption al 🔲 Deficier	nt							
rogressive eye diseas			ssive eye disease	e or cataracts	X						
☐ YES ☐ NO		One Eye	☐ Both Eyes		(Eye Examiner	r Signature)				(License #)	