

WYOMING DRIVER LICENSE/IDENTIFICATION CARD APPLICATION

To be completed by all applicants in black ink



Please Print:

Legal Name: (Last) _____, (First) _____ (Middle) _____

Mailing Address: _____
Box Number/Street City State Zip Code

Residential Address: _____
Number & Street City State Zip Code

Date of Birth: ____/____/____ Phone: (____) _____
Month Day Year

Social Security Number: _____ Do you want your SSN to show on your license/ID? YES NO

1. Are you a United States Citizen? YES NO Place of Birth _____
City State or Country

2. Are you a Wyoming Resident? YES NO If no, are you: Active-Duty Military Fulltime WY College Student

3. Has your current driver license or identification card been: lost? stolen? taken by law enforcement? n/a

4. Is your privilege to drive currently suspended, cancelled, revoked or denied in this or any other state? YES NO

5. Do you wish to be an organ donor? YES NO (If under 18 yrs., must have parent's permission to be a donor)

The above-named minor has my permission to be an organ donor. YES NO _____ Parent/Guardian

Signature

MEDICAL HISTORY

6. Do you have paralysis and/or missing limbs? YES NO

If yes, please describe: _____

7. Have you lost consciousness, due to a seizure, stroke, or insulin shock, within the previous five (5) year period?

YES NO If yes, what caused the loss of consciousness? _____

List any physical or mental conditions you are currently being treated for: _____

APPLICANTS FOR COMMERCIAL CLASS LICENSES & NON-COMMERCIAL CLASS "A" & "B" ONLY

8. Are you applying for a Commercial Driver License (CDL) and subject to Part 391 of the Federal Motor Carrier Safety Regulations? YES NO If exempt, what is your occupation? _____

9. Do you possess a valid Federal DOT Medical card? YES NO Expiration Date: _____

10. Are you being treated for: Epilepsy? Heart Disease? Insulin Dependent Diabetes? High Blood Pressure?

11. Do you consent to the release of your personal information by the Wyoming Department of Transportation for bulk distribution surveys, marketing or solicitations? YES NO

NOTE: Personal Information means information that identifies a person, including an individual's photograph or computerized image, signature, social security number, driver identification number, name, address, telephone number, and medical or disability information.

I hereby authorize the release of my driving record to authorized recipients. I hereby certify under penalties of law, that the above information is true and correct. Use of a false or fictitious name or knowingly making a false statement or concealing a material fact in this application may result in a fine or imprisonment or both, and the cancellation of your Wyoming driver license/identification card.

Applicant's Signature Date
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. _____ Date

VISION SCREENING (to be completed by Driver License Examiner or a Vision Specialist)

Visual Acuity: Right 20/____ Left 20/____ Both 20/____ Corrective Lenses/Contacts? YES NO
Depth Perception? YES NO Horizontal Field of Vision: Right Eye: _____ degrees Left Eye: _____ degrees

Signature of Vision Specialist/Examiner Date of Exam

COMMENTS/RESTRICTIONS: _____

EXAMINER'S USE ONLY

MVID # _____

Verification Document, Number & State: _____

Applicant's Driver License or Identification Number: _____ State/Issue Date: _____

Surrendered driver license/ID for invalidation? YES NO Class/Endorsmnt applied for: _____ Service: _____

Clearance Verification: CDLIS PDPS ELG/LIC NOT RIS Clear Not Clear Attachment _____

Change of Name, DOB & SSN from previous: YES NO If yes, what changed? _____

TESTING: Written: Rules of the Road Motorcycle Signs/Ctrls Form: _____ Score: _____

Skills: Regular Skills AltMOST Re-Exam CDL Score: _____

COMMENTS: _____

Examiner's Signature Date