

## 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.



# WISCONSIN DRIVER LICENSE (DL) APPLICATION

Wisconsin Department of Transportation  
MV3001 12/2012 Ch. 343 Wis. Stats.

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.**

### 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

If applying for a HAZMAT endorsement (HME), complete *Driver License Hazardous Materials Endorsement Application*, form MV3735. If applying for a school bus endorsement, complete *School Bus or Alternative Vehicle License Information Request*, form MV3740.

1. 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 operating equipped with air brakes?	YES	NO
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 2 years, have you taken insulin to control a diabetic condition?	YES	NO	7. Do you meet all the driver qualifications as required by 49 CFR 391 to operate a commercial vehicle? If not, see <i>Motor Carrier Safety FAQs</i> , publication BDS218.	YES	NO
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 2 years, have you taken oral medication to control a diabetic condition?	YES	NO	8. <b>School Bus, CDL Instructional Permit and New CDL Class/Endorsement Applicants Only.</b> Is the vehicle in which you will take the commercial driver license skills test representative of the type of vehicle you will operate or intend to operate?	YES	NO
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your hearing impaired? (hard of hearing)	YES	NO	9. <b>School Bus Applicants Only.</b> Have you been convicted of an offense identified on <i>School Bus or Alternative Vehicle License Information Request</i> , form MV3740 in Wisconsin or any other jurisdiction? If yes, list date and place:	YES	NO
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
5. 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			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>			

### DRIVER LICENSE APPLICANT 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.

**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.

School ID Number	School Name

**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		
Sponsor Name - Print	Relationship to Applicant	
Sponsor Wisconsin DL/ID Number	Sex	Birth Date (mm/dd/yyyy)

**X**

Official WisDOT Test Results (line out if not used)			
Knowledge Test		Highway Sign Test	
Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

(Sponsor Signature -Must be Witnessed by DMV Agent or Notarized)	
State of Wisconsin County of	Subscribed and sworn to before me on this date

**X**

(Authorized School Official/Instructor Signature)

(Date Signed)

**X**

(DMV Authorized Agent or Notary Signature)  
DO NOT Use Notary Seal

(My Commission Expires)

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## ALL APPLICANTS - PLEASE PRINT

Social Security Number	Applicant Name - First, Middle, Last	Birth Date (mm/dd/yyyy)
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Residence Address - Street	Apt #	City	State	ZIP Code	County of Residence
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Mailing Address - <u>ONLY IF DIFFERENT</u> from Residence	Apt #	City	State	ZIP Code	County of Residence
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Sex	Race	Eyes	Hair	Weight	Height	Former Name (if changed since last license or ID card)
1. Do you wish to register to be an organ and tissue donor? YES <input type="checkbox"/>						Reason for Name Change
2. <b>OPT OUT</b> - Do you wish to have your name and address withheld from lists WisDOT sells? YES <input type="checkbox"/>						Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other <input type="checkbox"/> List: _____
3. Has your license, ID card or operating privilege ever been revoked, suspended, cancelled, disqualified or denied? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list date and place: _____						6. Do you need glasses or contact lenses for driving? YES <input type="checkbox"/> NO <input type="checkbox"/> 7. In the past year have you had a loss of consciousness or muscle control caused by any of the following conditions? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, check condition(s) and list date(s): _____ Traumatic Brain or Head Injury (2) <input type="checkbox"/> Muscle or Nerve (2) <input type="checkbox"/> Seizure Disorder (4) <input type="checkbox"/> Heart (6) <input type="checkbox"/> Stroke (2) <input type="checkbox"/> Mental (3) <input type="checkbox"/> Diabetes (5) <input type="checkbox"/> Lung (7) <input type="checkbox"/>
4. Have you been convicted of operating while intoxicated OUTSIDE of Wisconsin? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give date and place: _____						
5. Do you hold a valid driver license/identification card FROM ANOTHER STATE/COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list: _____ Years of licensed driving experience in the United States or its territories and/or Canada. List: _____						
8. <b>Check ONLY ONE</b> of the following three boxes. I certify that I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent or Conditional Permanent Resident <input type="checkbox"/> Temporary Visitor						

I certify that the information on this application is true under penalty of perjury and I am a resident of Wisconsin. (s. 343.14(5) Wis. Stats.)

**X**

(Applicant Signature)

(Date)

## OFFICE USE ONLY

Date	Processor ID	Reason for Reissue:			
Wisconsin or Out-of-State License Number	State	Expiration Date	<input type="checkbox"/> REAL ID	Product Type <input type="checkbox"/> REGI <input type="checkbox"/> CDLI <input type="checkbox"/> CYCI <input type="checkbox"/> SPRI <input type="checkbox"/> JUVI <input type="checkbox"/> MPDI <input type="checkbox"/> PROB <input type="checkbox"/> RGLR <input type="checkbox"/> OCCL <input type="checkbox"/> SPRR <input type="checkbox"/> JUVV <input type="checkbox"/> NON	
Legal Presence	Name/DOB Proof	Identity/SS Proof	Residency Proof	Application Type <input type="checkbox"/> ORG <input type="checkbox"/> RNW <input type="checkbox"/> DUP <input type="checkbox"/> REI <input type="checkbox"/> RSM <input type="checkbox"/> AMD <input type="checkbox"/> COA	
Hearing (CDL Only)	Driver Education <input type="checkbox"/> P <input type="checkbox"/> C			Class(es) Issued <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M	
Behind The Wheel School Name			School ID	Endorsements <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> F	
Examiner ID	Skill Test Score	Highway Signs	Knowledge	Federal Medical Certificate Shown <input type="checkbox"/> YES Expires: _____ <input type="checkbox"/> NO	
<b>X</b> (Processor Signature)				Payment <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Acct. \$ _____ Amount	
				(Processor ID)	

## VISION

				<input type="checkbox"/> Check if vision section completed by DMV Examiner	
Visual Acuity	Without RX	With RX	Temporal Field of Vision In Degrees	Recommended Restrictions or Comments, or Indicate (NONE):	
Right Eye	20/	20/			
Left Eye	20/	20/		Being duly licensed to practice <input type="checkbox"/> Optometry <input type="checkbox"/> Medicine, In <input type="checkbox"/> Wisconsin, or <input type="checkbox"/> Other	
Corrective lenses required while driving <input type="checkbox"/> YES <input type="checkbox"/> NO		Color Perception <input type="checkbox"/> Normal <input type="checkbox"/> Deficient		Name of State or Country	
Progressive eye disease or cataracts <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, to Progressive eye disease or cataracts <input type="checkbox"/> one eye <input type="checkbox"/> both eyes		I certify that the findings are correct and I examined this applicant on: _____ (Exam Date)	
Describe:				<b>X</b> (Eye Examiner Signature)	
				(License #)	