

WYOMING COMMERCIAL DRIVER LICENSE APPLICATION



APPLICANT INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH			Instructions: Please complete all but the "WYDOT USE ONLY" section of this application and print clearly.
	MONTH	DAY	YEAR	

LEGAL LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
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List all other legal 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.	WEIGHT LBS.

HOME PHONE (including area code):	CELL PHONE (including area code):	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH (CITY and STATE or COUNTRY):
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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
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You must answer all of the following questions: ****Please verify the address on application. USPS will not forward your new credential.**

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? ****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**
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
9. Do you want to specify a medical condition to a first responder or law enforcement officer in the event you are unable to communicate it yourself? **If yes, complete the Medical Alert Designation form on the reverse side of this application.** YES NO
10. Do you want to donate an additional amount to provide for wildlife conservation efforts related to the transportation system?
If yes, please enter an amount \$ _____ YES NO

- In the last 2 years, have you suffered from or are you under a doctor's care for the following:**
11. Epilepsy, seizure disorder, or seizures? **If yes, please explain:** _____ YES NO
 12. Loss of muscular control? **If yes, please explain:** _____ YES NO
 13. Loss of consciousness? **If yes, please explain:** _____ YES NO
 14. 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	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
Is the horizontal visual field at least 70 in each eye? ____ Yes ____ No	<input type="checkbox"/> Vision 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 _____ DL/IDC INFO Service _____ Class _____	CHECKS <input type="checkbox"/> TEST SCORE TRACKING <input type="checkbox"/> ATTRIBUTES <input type="checkbox"/> PRE-SERVICE / DLN STATES CHECKED _____ <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
	DRIVER LICENSE EXAMINER SIGNATURE	DATE

FOR OFFICE USE ONLY
MVID # _____

EMERGENCY CONTACT INFORMATION		
<i>(NEXT OF KIN DESIGNATION)</i>		
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 <i>(Please Print)</i>		DATE

MEDICAL ALERT DESIGNATION	
<i>(HIPAA permits disclosure to healthcare professionals as necessary for treatment)</i>	
<i>I would like the Medical Alert Designation on my driver license, which specifies the below medical condition to be communicated to a first responder or law enforcement officer in the event I am unable to communicate myself. If additional information is needed, please specify in other.</i>	
<input type="checkbox"/> Food, Drug or Insect Allergy <input type="checkbox"/> Behavioral/Cognitive Conditions	
<input type="checkbox"/> Cardiac Problems <input type="checkbox"/> Implanted Medical Device	
<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizure Disorder	
<input type="checkbox"/> Opioid Treatment <input type="checkbox"/> Do Not Resuscitate	
<input type="checkbox"/> Addison's Disease <input type="checkbox"/> Pulmonary Conditions (Asthma/COPD)	
<input type="checkbox"/> OTHER (please specify, maximum 34 characters) _____	
APPLICANT SIGNATURE	DATE