

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
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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	DRIVER LICENSE NUMBER
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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

*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
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PRINT THE NAME OF THE PERSON SIGNING FOR MINOR	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN	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.
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VISION ATTESTATION (must be completed) for renewal by mail ONLY

- By signing above, I attest under penalty of law the following to be true and correct:*
1. Date of most recent vision examination: _____ (must be within 12 months of date of application)
 2. Eye doctor's name, number & address: _____
 - 3a. My visual acuity as of my most recent eye exam was ____/____ (enter visual acuity) with ____ or without ____ corrective lenses (check one); OR
 - 3b. My visual acuity as of my most recent eye exam was at least 20/40 with ____ or without ____ corrective lenses (check one)
- **Removal of corrective lenses restriction requires submission of the department's Vision Evaluation form completed by a licensed vision specialist included with this application.**

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 # _____
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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 _____
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DL/IDC INFO Service _____ Class _____ Endorsements _____ Restrictions _____	FOR "Z" ENDORS: <input type="checkbox"/> Competency Affidavit <input type="checkbox"/> Class A or B License AMT COLLECTED \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Check # _____
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COMMENTS	DRIVER LICENSE EXAMINER SIGNATURE	DATE
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For military applications or credit card payments, please email form to renewals@wyo.gov.	DRIVER LICENSE EXAMINER SIGNATURE	DATE
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FOR OFFICE USE ONLY
MVID # _____

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 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.		
APPLICANT NAME (Please Print)		DATE

MEDICAL ALERT DESIGNATION (HIPAA permits disclosure to healthcare professionals as necessary for treatment)	
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.	
<input type="checkbox"/> Food, Drug or Insect Allergy <input type="checkbox"/> Cardiac Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Opioid Treatment <input type="checkbox"/> Addison's Disease <input type="checkbox"/> OTHER (please specify, maximum 34 characters) _____	<input type="checkbox"/> Behavioral/Cognitive Conditions <input type="checkbox"/> Implanted Medical Device <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Do Not Resuscitate <input type="checkbox"/> Pulmonary Conditions (Asthma/COPD)
APPLICANT SIGNATURE	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 only 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, 9:00am-4:00pm 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 2201 17th Street, Unit 11 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	