

WYOMING IDENTIFICATION CARD 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
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RESIDENTIAL ADDRESS (Where you currently live)	CITY	STATE	ZIP CODE	HEIGHT	WEIGHT	
				FT.	IN.	LBS.

HOME PHONE (including area code):	CELL PHONE (including area code):	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PLACE OF BIRTH CITY:	PLACE OF BIRTH 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? YES NO
If so, from what state? _____
6. Do you want your emergency contact information on file with this Department and the "Next of Kin" (NOK) designation on your identification card? YES NO
If yes, complete the Emergency Contact form on the reverse side of this application.
7. Did you submit your request for the Veteran designation to the Wyoming Veterans Commission, been **APPROVED** and want the designation indicated on your identification card? YES NO
Wyoming Veterans Commission may be contacted at 307-777-8152.
8. 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? YES NO
If yes, complete the Medical Alert Designation form on the reverse side of this application.
9. Do you want to donate an additional amount to provide for wildlife conservation efforts related to the transportation system? YES NO
If yes, please enter an amount \$ _____.
10. Are you requesting this identification card solely for voter identification purposes? 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 identification card. 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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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 _____	CHECKS <input type="checkbox"/> ATTRIBUTES <input type="checkbox"/> PRE-SERVICE / DLN STATES CHECKED _____	
IDC INFO Service _____	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"/> 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