

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			
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):		
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					

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
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.	

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	
Is the horizontal field at least 90 in one eye or 120 in both? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Vis Eval Scanned? DATE

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 _____ 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 _____ Endorsements _____ Restrictions _____	**WYDOT USE ONLY** CHECKS <input type="checkbox"/> TEST SCORE TRACKING <input type="checkbox"/> ATTRIBUTES <input type="checkbox"/> PRE-SERVICE / DLN STATES CHECKED _____ 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 # _____	MVID # _____ DRIVER LICENSE EXAMINER SIGNATURE DATE DRIVER LICENSE EXAMINER SIGNATURE DATE
COMMENTS		

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