

WYOMING DRIVER LICENSE APPLICATION



APPLICANT INFORMATION

CREDIT CARD PAYMENT OPTION: If you would like to pay by credit card (a additional service fee is charged), you will be contacted when we are ready to process your renewal. Please provide your email address below and initial here: _____.

SOCIAL SECURITY NUMBER	DATE OF BIRTH		
	MONTH	DAY	YEAR

LEGAL LAST NAME		FIRST NAME			MIDDLE NAME, SUFFIX		
MAILING ADDRESS (if different from below) <i>NOTE: This address will show on your license/ID card</i>				CITY		STATE	ZIP CODE
RESIDENTIAL ADDRESS (Where you currently live)				CITY		STATE	ZIP CODE
HOME PHONE (including area code):		CELL PHONE (including area code):		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NATURAL HAIR COLOR		NATURAL EYE COLOR
PLACE OF BIRTH CITY: _____ STATE or COUNTRY: _____					HEIGHT FT. IN.		WEIGHT LBS.
If in the future our system was 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:

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. Are you a Wyoming Resident? *If no, are you:* Active-Duty Military/Dependent Full-time WY College Student YES NO
 4. Has your current driver license/ID card been lost, stolen or been taken by law enforcement? If so, from what state? _____ YES NO
 5. Is your privilege to drive currently suspended, cancelled, revoked or denied in this or any other state? YES NO
 6. 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*
 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 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
- In the last 2 years**, have you suffered from or are you under a doctor's care for the following:
9. Epilepsy, seizure disorder, or seizures? *If yes, please explain:* _____ YES NO
 10. Loss of muscular control? *If yes, please explain:* _____ YES NO
 11. Loss of consciousness? *If yes, please explain:* _____ YES NO
 12. 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 and/or 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	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	<i>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.</i>	

VISION SCREENING

Visual Acuity: Right: 20/____ Left: 20/____ Both: 20/____ with **OR** w/o corrective lenses
 Horizontal Field of Vision: Both Eyes _____ One Eye _____ (Minimum requirement at least 90 in one eye or 120 in both)

Vision Eval Scanned? _____ VISION SPECIALIST or DL EXAMINER SIGNATURE _____ DATE _____

VERIFICATION DOCS <input type="checkbox"/> All documents verified in DocMan		**WYDOT USE ONLY**		MVID #	
<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 _____		CHECKS			
IMMIGRATION DOCS		<input type="checkbox"/> TEST SCORE TRACKING			
DL/IDC INFO		<input type="checkbox"/> PRE-SERVICE / DLN STATES CHECKED _____			
Service _____ Class _____		FOR "Z" ENDORS: <input type="checkbox"/> Competency Affidavit <input type="checkbox"/> Class A or B License			
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

(NEXT OF KIN DESIGNATION)



APPLICANT INFORMATION

APPLICANT LAST NAME	FIRST NAME	DATE OF BIRTH
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EMERGENCY CONTACT INFORMATION

RELATIONSHIP TO APPLICANT	FULL NAME	CONTACT PHONE (including area code):
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 SIGNATURE		DATE