

## **Information about the Wisconsin Driver License (DL)/Identification Card (ID) Application (form MV3001)**

You will need to visit a DMV service center and present an MV3001 application when you are:

- applying for an original or duplicate driver's license or instruction permit
- renewing an existing driver's license
- applying for an ID card, which can only be issued at a DMV service center (if you hold a valid Wisconsin driver's license, you are not eligible for an ID card)
- applying for an occupational license

An application may only be submitted through the mail if you are unable to renew or obtain a duplicate driver's license because you are a Wisconsin resident who is temporarily out-of-state. More information about [renewing when out of state...](#)

[Fees](#)

[Applying for a license](#)

# Wisconsin Driver License (DL)/Identification Card (ID) Application Instructions

Acceptable proof of identity and residency are required.

## APPLICATION COMPLETION REQUIREMENTS

- DL customers, complete sections A, B and C. If under age 18, complete section D also.
- CDL customers, complete sections A, B, C and E. Your Federal Medical Certificate is required, unless you drive a school bus or drive for a political subdivision.
- ID card customers complete sections A and B.

**DONOR** Check the box if you wish to help others by donating your organs, tissue and eyes upon your death. Your gift will be used to save and improve lives through transplantation, therapy, research or education. If you are at least 18, checking the box indicates your legal consent for donation. You do not have to answer this question to obtain a license or ID card.

**NOTICE to Males age 18-25** By submitting this application, you consent to be registered with the Selective Service System, if required by Federal law. You also authorize the Department of Transportation to forward any information contained in this application that is requested by the Selective Service System for the purpose of registering you as provided in s.343.14(2)(em) and s.343.234 Wis. Stats.

**ADA** The Wisconsin Department of Transportation complies with the Americans with Disabilities Act (ADA).

**SOCIAL SECURITY NUMBER (SSN)** If you have a SSN, you must provide it. Your SSN may be used: 1) For purposes authorized by law; 2) To link your driver license and vehicle registration records. Your SSN must correspond with the number issued by the Social Security Administration, which is required by s.343.14(2)(bm) Wis. Stats. Federal regulation 49 CFR, Part 383.153 requires a SSN for commercial driver license privileges.

**WARNING** Any person who, on applying for a driver license or ID card, presents fraudulent or altered documents or makes a false statement to the issuing officer or agency, may be subject to a fine of not more than \$1,000, or imprisonment for not more than 6 months, or both, revocation of driver license privilege for one year or cancellation of the ID card.

**RELEASE OF INFORMATION** The Department uses information provided to issue driver licenses in Wisconsin, collect fees and enforce laws. Under Wisconsin open records law and s.341.17(9) Wis. Stats., the department may make nonconfidential information available to others for business purposes. If you want your name and address withheld from vehicle record requesters, please indicate in Section A.

**INSURANCE** No person may operate a motor vehicle in Wisconsin unless the owner or driver of the vehicle has liability insurance in effect for the vehicle being operated and carries proof of insurance whenever driving. Failure to have insurance could result in up to a \$500 fine. Refer to Wis. Stat. 344.61-344.65 for full details.

OFFICE USE ONLY				Reason for Reissue	
Date		Processor ID		Product Type	
Wisconsin or Out-of-State License Number		State	Expiration Date	<input type="checkbox"/> REGI <input type="checkbox"/> CDLI <input type="checkbox"/> CYCI <input type="checkbox"/> SPRI <input type="checkbox"/> JUVI <input type="checkbox"/> MPDI <input type="checkbox"/> ID <input type="checkbox"/> PROB <input type="checkbox"/> RGLR <input type="checkbox"/> OCCL <input type="checkbox"/> SPRR <input type="checkbox"/> JUVP <input type="checkbox"/> NON	
Legal Presence	Name/DOB Proof	Identity	Residency Proof	Application Type	
Visual Acuity	Without RX	With RX	Temporal Field of Vision In Degrees	<input type="checkbox"/> ORG <input type="checkbox"/> RNW <input type="checkbox"/> DUP <input type="checkbox"/> REI <input type="checkbox"/> RSM <input type="checkbox"/> COA <input type="checkbox"/> AMD	
Right Eye	20/	20/		Class(es) Issued	
Left Eye	20/	20/		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M	
Corrective Lenses	Color Perception	Hearing (CDL Only)	Driver Education	Endorsements	
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T	
Examiner ID	Test Score	Highway Signs	Knowledge	Federal Medical Certificate Shown	
				<input type="checkbox"/> YES Expires _____ <input type="checkbox"/> NO	
				<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Acct. Amount \$	
				<b>X</b> (Processor Signature) (Processor ID)	

## SECTION A - CUSTOMER - PLEASE PRINT

Check one. I am applying for:  Driver License  Identification Card

Customer Name - First, Middle Initial, Last			Birth Date - Month	Day	Year	Social Security Number
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Residence Address - Street	Apt #	City	State	ZIP Code	County of Residence
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Mailing Address - <u>ONLY If Different</u> from Residence	Apt #	City	State	ZIP Code
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Sex	Race	Eyes	Hair	Weight	Height	Former Name If Changed Since Last License
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<input type="checkbox"/> Please check the box if you wish to have your name/ address withheld from lists the Department sells.	Reason for Name Change
	<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other _____

Do you wish to register to be an organ and tissue donor? <input type="checkbox"/> Yes	Check <b>ONLY ONE</b> of the following three boxes. I certify that I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent or Conditional Permanent Resident <input type="checkbox"/> Temporary Visitor
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I certify that the information on this application is true under penalty of perjury and I am a resident of Wisconsin.

**WISCONSIN DRIVER LICENSE/IDENTIFICATION CARD APPLICATION**  
 MV3001 12/2010 Ch.343 Wis. Stats. Wisconsin Dept. of Transportation

**X**  
 (Customer Signature) (Date)

**SECTION B - DRIVER LICENSE/IDENTIFICATION CARD CUSTOMER**

	YES	NO
1. Has your license, ID card or operating privilege ever been revoked, suspended, cancelled, disqualified or denied? If yes, give date and place. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of operating while intoxicated OUTSIDE of Wisconsin? If yes, give date and place. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you hold a valid driver's license/identification card FROM ANOTHER STATE/COUNTRY? If yes, list. _____  Years of licensed driving experience in the U.S. and Canada? _____	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C - ALL DRIVER LICENSE CUSTOMERS ONLY**

	YES	NO
1. Do you need glasses or contact lenses for driving?	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past year, have you had a loss of consciousness or muscle control, caused by any of the following conditions? If yes, check condition(s) and give date(s.) _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Traumatic Brain or Head Injury (2) <input type="checkbox"/> Heart (6) <input type="checkbox"/> Mental (3) <input type="checkbox"/> Seizure Disorder (4)		
<input type="checkbox"/> Diabetes (5) <input type="checkbox"/> Lung (7) <input type="checkbox"/> Muscle or Nerve (2) <input type="checkbox"/> Stroke (2)		

**SECTION D - DRIVER LICENSE CUSTOMERS UNDER AGE 18 ONLY**

**Applicant Certification:** I certify that in the past 6 months, I have not been ticketed for a moving violation that has or may result in a conviction. I understand that falsifying this statement will result in the cancellation of my probationary license. Applicant Signature - Required

**X** \_\_\_\_\_

**School Certification:** I certify under s.343.14(5) Wis. Stats., that this applicant is enrolled in approved behind-the-wheel training which begins no later than 60 days from date signed.

School Name \_\_\_\_\_

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Official WI DOT Test Results (line out if not used)

Knowledge Test	Highway Sign Test
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Authorized School Official/Instructor Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**X** \_\_\_\_\_

**Sponsor Certification:** As the adult sponsor, I accept responsibility and verify that minor is not a habitual truant and meets the educational requirements under s.343.15 Wis. Stats. and, if required for this application, has accumulated at least 30 hours of driving experience, 10 of which were at night.

Minor Name - Print \_\_\_\_\_

Sponsor Name - Print _____		Relationship to Customer _____	
Sponsor Wisconsin DL/ID Number _____		Sex _____	Birth Date _____

Sponsor Signature (Must be Notarized)  
**X** \_\_\_\_\_

State of Wisconsin County of \_\_\_\_\_ Subscribed and sworn to before me this date \_\_\_\_\_

Notary Public or DOT Authorized Agent \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**X** \_\_\_\_\_

Do NOT Use Notary Seal

**SECTION E - COMMERCIAL DRIVER LICENSE CUSTOMERS ONLY**

If applying for an HME, complete form MV3735.  
If applying for a school bus endorsement, complete form MV3740.

	YES	NO
1. In the past 5 years, have you had a loss of consciousness or muscle control, caused by a neurological condition, for example, seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 2 years, have you taken insulin to control a diabetic condition?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 2 years, have you taken oral medication to control a diabetic condition?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your hearing impaired? (hard of hearing)	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you held a valid operator's license in the last 10 years from any jurisdiction (state) other than Wisconsin? If yes, list all states. _____	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
6. In the past 5 years, have you been convicted of a felony or offense against public morals in Wisconsin or any other jurisdiction? If yes, give date and place. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the vehicle you will be operating equipped with air brakes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you meet all the driver qualifications as required by 49 CFR 391 to operate a commercial vehicle? If not, see publication BDS218.	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the vehicle in which you will take the commercial driver license skill test representative of the type of vehicle you will operate or intend to operate?	<input type="checkbox"/>	<input type="checkbox"/>