

WYOMING DRIVER LICENSE/IDENTIFICATION CARD APPLICATION

To be completed by applicant in black ink



Please Print:

Legal Name: (Last) _____, (First) _____ (Middle) _____

Mailing Address: _____
Box Number or Street City State Zip Code

Residential Address: _____
Number & Street City State Zip Code

Date of Birth: _____ Social Security Number: _____ Phone: () _____
Month Day Year

Place of Birth _____ Hair Color _____ Eye Color _____
City State Country Height _____ Weight _____ Sex _____

1. Are you a United States Citizen? YES NO (If NO, you must present your valid Immigration documents)
2. Are you a Wyoming Resident? YES NO If no, are you: Active-Duty Military/Dependent Fulltime WY College Student
3. Within the previous 10 years, list ALL states you have held any type of driver license/permit in: _____
4. Do you possess more than one valid driver's license? YES NO If YES, where? _____
5. Is your current driver license or identification card: Lost? Stolen? Taken by law enforcement? N/A
6. Is your privilege to drive currently suspended, cancelled, revoked or denied in this or any other state? YES NO
7. Do you wish to be an organ or tissue donor? YES NO *If under 18 yrs. old, you must have your parent's permission to be a donor.*

The above minor has my permission to be a donor: _____ Parent/Guardian Signature

MEDICAL HISTORY *If further information is necessary, you will be asked to have your doctor complete a Driver Medical Evaluation statement.*

8. Within the previous five year period, have you suffered from or are you under a doctor's care for any of the following:
Loss or impairment of a limb YES NO Loss of consciousness, fainting, or dizzy spells YES NO
Mental or emotional disorder YES NO Epilepsy, seizure disorder, seizures, or loss of muscular control YES NO
9. Has this condition ever affected your ability to operate a motor vehicle? YES NO
If yes, explain: _____
10. Does any medication you take adversely affect your ability to operate a motor vehicle? YES NO

TO BE COMPLETED BY AN APPLICANT FOR A COMMERCIAL LICENSE & NON-COMMERCIAL CLASS "A" & "B"

Commercial drivers who are non-government employees and drivers who transport intrastate and/or interstate are required to possess a valid Federal DOT Medical card.

11. Are you applying for a Commercial Driver License & subject to Part 391 of the Fed Motor Carrier Safety regulations? YES NO
If NO (exempt) to Part 391 of the FMCSA regulations, what is your exemption? _____
12. Do you possess a valid Federal DOT Medical card? YES NO Expiration Date: _____
Examiner verified: DOT card _____ DOT waiver _____
13. Are you being treated for: Epilepsy? Heart Disease? Insulin Dependent Diabetes? High Blood Pressure?

Do you consent to the release of your personal information by the Department of Transportation for bulk distribution surveys, marketing or solicitations? YES NO

I hereby authorize the release of my driving record to authorized recipients. 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.

Applicant's Signature _____ Date _____ 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. (If parent is not present, a notary must notarize the parents signature above on the back of this form)

VISION SCREENING (To be completed by a Driver License Examiner or a Vision Specialist)

CDL drivers must have a visual acuity of at least 20/40 or better in each eye with or without corrective lenses, and at least 70 degrees horizontal field of vision in each eye.

Visual Acuity: Right 20/____ Left 20/____ Both 20/____ Corrective Lenses Contacts Bioptic/Telescopic Lenses None
Horizontal Field of Vision: (R): _____ degrees (L): _____ degrees Total: _____ Depth Perception? YES NO

Signature of Vision Specialist or Driver Examiner _____ Printed Name of Vision Specialist _____ Date of Exam _____ Phone Number of Vision Specialist _____

EXAMINER'S USE ONLY

MVID # _____

Verification Document(s): _____

Applicant's Driver License or Identification Number: _____ State: _____ Issue Date: _____

Surrendered License/ID for invalidation? YES NO Class/Endorsement applied for: _____ Service: _____

Change of Name/DOB/SSN from previous: YES NO If yes, what changed? _____

Clearance Verification: CDLIS PDPS: ELG/LIC NOT _____ RIS: CLEAR NOT DLN Survey _____

TESTING: Written: Rules of the Road Motorcycle Signs/Ctrls Form/Score: _____ Attachment _____

Skills: Regular Skills AltMOST Re-Exam CDL Score: _____

COMMENTS: _____

Examiner's Signature _____ Date _____