

Information about the Wisconsin Driver License (DL) Application (form MV3001)

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

- apply for an original or duplicate* driver license or instruction permit
- renew an existing driver license
- apply for an occupational license

An application may only be submitted through the mail if you are unable to renew or obtain a duplicate driver 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**

* **Note:** You may be eligible to order a duplicate driver license online rather than visit a DMV service center. See our online **duplicate driver license application** for further information.



WISCONSIN DRIVER LICENSE (DL) APPLICATION

Wisconsin Department of Transportation
MV3001 4/2024 Ch. 343 Wis. Stats.

An unexpired Wisconsin driver license is acceptable photo ID for voting. (s. 5.02(6m) Wis. Stats.)

Acceptable proof of name and date of birth, legal presence, identity and Wisconsin residency are required. Please see DOT publication BDS316 or wisconsin.dmv.gov/dl-docs for a list of acceptable documents.

- **ALL applicants**, complete the top section on back. If under age 18, also complete the 'UNDER AGE 18' section below.
- **CDL applicants**, complete the 'CDL APPLICANT ONLY' section below. Your Federal Medical Certificate is required unless you drive a school bus or drive for a political subdivision.

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.

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

INVISIBLE DISABILITY Notice to law enforcement form: wisconsin.dmv.gov/inv-dis or at DMV Service Centers.

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

COMMERCIAL DRIVER LICENSE APPLICANT ONLY

If applying for a HAZMAT endorsement (HME), complete *Driver License Hazardous Materials Endorsement Application*, form MV3735. If applying for a school bus endorsement, complete *School Bus or Alternative Vehicle License Information Request*, form MV3740.

| | | | | | | | | | |
|---|-----|----|--------------------------|--------------------------|--|-----|----|--------------------------|--------------------------|
| 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? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> | 6. Is the vehicle you will be operating equipped with air brakes? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past 2 years, have you taken insulin to control a diabetic condition? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you meet all the driver qualifications as required by 49 CFR 391 to operate a commercial vehicle? If not, see <i>Motor Carrier Safety FAQs</i> in the Wisconsin Commercial Driver's Manual. | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 2 years, have you taken oral medication to control a diabetic condition? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> | 8. School Bus, CDL Instructional Permit and New CDL Class/Endorsement Applicants Only. Is the vehicle in which you will take the commercial driver license skills test representative of the type of vehicle you will operate or intend to operate? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your hearing impaired? (hard of hearing) | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> | 9. School Bus Applicants Only. Have you been convicted of an offense identified on <i>School Bus or Alternative Vehicle License Information Request</i> , form MV3740 in Wisconsin or any other jurisdiction? If yes, list date and place: | YES | NO | <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: _____ | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

DRIVER LICENSE APPLICANT UNDER AGE 18 ONLY

Applicant Certification: I certify that in the past six 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 that this applicant is enrolled in approved behind-the-wheel training which begins no later than 60 days from date signed.

| | |
|------------------|-------------|
| School ID Number | School Name |
| | |

Sponsor Certification: As the adult sponsor under s. 343.15 Wis. Stats., I accept liability and verify that the minor is not a habitual truant and meets the educational requirements for licensure. If required for this application, I certify that the applicant has accumulated at least 50 hours of driving experience, 10 of which were at night.

| | | |
|--------------------------------|---------------------------|-------------------------|
| Minor Name – Print | | |
| Sponsor Name – Print | Relationship to Applicant | |
| Sponsor Wisconsin DL/ID Number | Sex | Birth Date (mm/dd/yyyy) |

X

| | | | |
|---|-------------------------------|-------------------------------|-------------------------------|
| Official WisDOT Test Results (line out if not used) | | | |
| Knowledge Test | | Highway Sign Test | |
| Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |

| | |
|---|--|
| (Sponsor Signature – Must be Witnessed by DMV Agent or Notarized) | |
| State of Wisconsin County of | Subscribed and sworn to before me on this date |

X

X

(Authorized School Official/Instructor Signature)

(Date Signed)

(DMV Authorized Agent or Notary Signature)
DO NOT Use Notary Seal

(My Commission Expires)

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ALL APPLICANTS – Please Print

| | | | | | | |
|---|------|--------------------------------------|---|--------|-------------------------|----------|
| Social Security Number | | Applicant Name – First, Middle, Last | | | Birth Date (mm/dd/yyyy) | |
| Residence Address – Street | | | Apt # | City | State | ZIP Code |
| Mailing Address – <u>ONLY IF DIFFERENT</u> from Residence | | | Apt # | City | State | ZIP Code |
| Sex | Race | Eyes | Hair | Weight | Height | |
| Former Name (if changed since last license or ID card) | | | Reason for Name Change Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other <input type="checkbox"/> List: _____ | | | |

| | |
|---|---|
| 1. Do you wish to register to be an organ, tissue and eye donor? YES <input type="checkbox"/> | 7. Will you donate \$2 to organ, tissue and eye donation efforts? YES <input type="checkbox"/> |
| 2. OPT OUT – Do you wish to have your name and address withheld from lists WisDOT sells? YES <input type="checkbox"/> | 8. Do you need glasses or contact lenses for driving? YES NO <input type="checkbox"/> <input type="checkbox"/> |
| 3. I am a veteran registered with WDVA and wish to have my veteran status indicated on my driver license. (DMV is required to verify your status with WDVA) YES <input type="checkbox"/> | 9. Do you have any physical limitations which interfere with your ability to perform the normal tasks associated with operating a motor vehicle? YES NO <input type="checkbox"/> <input type="checkbox"/> If yes, have you successfully passed a road test with this condition? YES NO <input type="checkbox"/> <input type="checkbox"/> |
| 4. Has your license, ID card or operating privilege ever been revoked, suspended, cancelled, disqualified or denied? YES NO <input type="checkbox"/> <input type="checkbox"/> If yes, list date and place: _____ | 10. In the past year have you had a loss of consciousness or muscle control caused by any of the following conditions? YES NO <input type="checkbox"/> <input type="checkbox"/> If yes, check condition(s) and list date(s): _____ Traumatic Brain or Head Injury (2) <input type="checkbox"/> Muscle or Nerve (2) <input type="checkbox"/> Seizure Disorder (4) <input type="checkbox"/> Heart (6) <input type="checkbox"/> Stroke (2) <input type="checkbox"/> Mental (3) <input type="checkbox"/> Diabetes (5) <input type="checkbox"/> Lung (7) <input type="checkbox"/> |
| 5. Have you been convicted of operating while intoxicated OUTSIDE of Wisconsin? YES NO <input type="checkbox"/> <input type="checkbox"/> If yes, give date and place: _____ | 11. Check ONLY ONE of the following three boxes. I certify that I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Temporary Visitor <input type="checkbox"/> Permanent or Conditional Permanent Resident |
| 6. Do you hold a valid driver license/identification card from another state/country? YES NO <input type="checkbox"/> <input type="checkbox"/> If yes, list: _____ Years of licensed driving experience in the United States, its territories and Canada. List: _____ | |

Would you like to provide emergency contact information for law enforcement? YES NO For more information visit: wisconsin.gov/emergencycontact

I understand that I must surrender for cancellation any driver license or identification card previously issued by another state before I may be issued a driver license or identification card in the State of Wisconsin. The State of Wisconsin will notify the other state that my driver license or identification card is surrendered and cancelled, and that I have been issued a Wisconsin license or identification card. (ss. 343.11(1) and (2), and 343.50(1)(b) Wis. Stats.) I certify that the information on this application is true under penalty of perjury and I am a resident of Wisconsin. (s. 343.14(5) Wis. Stats.)

X _____ (Applicant Signature) _____ (Date)

OFFICE USE ONLY

| | | | |
|--|----------------|---|--|
| Date | Processor ID | Reason for Reissue: | Product Type |
| Wisconsin or Out-of-State License Number | State | <input type="checkbox"/> REAL ID | <input type="checkbox"/> REGI <input type="checkbox"/> CLP <input type="checkbox"/> CYCI <input type="checkbox"/> SPRI <input type="checkbox"/> JUVI <input type="checkbox"/> MPDI <input type="checkbox"/> PROB <input type="checkbox"/> RGLR <input type="checkbox"/> OCCL <input type="checkbox"/> SPRR <input type="checkbox"/> JUVP <input type="checkbox"/> NON |
| Hearing (CDL Only) | Examiner ID | Application Type | |
| Skill Test Score | Highway Signs | Knowledge | Class(es) Issued |
| | | | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> F |
| (Processor Signature) | (Processor ID) | Payment | Amount |
| | | <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Acct. | \$ |

| | | | |
|--|---|---------|---|
| VISION | | | <input type="checkbox"/> Check if vision section completed by DMV Examiner |
| Visual Acuity | Without RX | With RX | Temporal Field of Vision In Degrees |
| Right Eye | 20/ | 20/ | |
| Left Eye | 20/ | 20/ | |
| Corrective lenses required while driving | Color Perception | | Being duly licensed to practice |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Normal <input type="checkbox"/> Deficient | | <input type="checkbox"/> Optometry <input type="checkbox"/> Medicine, in: <input type="checkbox"/> Wisconsin, or <input type="checkbox"/> Other |
| Progressive eye disease or cataracts | If Yes, to Progressive eye disease or cataracts | | Name of State or Country |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> One Eye <input type="checkbox"/> Both Eyes | | I certify that the findings are correct and I examined this applicant on: _____ (Exam Date) |
| | | | X _____ (Eye Examiner Signature) _____ (License #) |