

## **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](#)



**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 Has your license, ID card or operating privilege ever been revoked, suspended, cancelled, disqualified or denied?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 \_\_\_\_\_

---

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"/>