

DRIVER LICENSE / IDENTIFICATION CARD APPLICATION

What are you applying for?

☐ Non-Commercial License

☐ Commercial License

☐ Identification Card

Have you ever had a DL/ID issued in Wyoming? ☐ Yes

Social Security Number		Applicant Legal Name (First, Middle, Last)			Contact Number ()	Suffix
List all other legal names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change)						
Residential Street Address	City	State	Zip	Natural Hair Color	Natural Eye Color	
Mailing Address (if different)	City	State	Zip	Height (Ft/In)	Weight (lbs)	
WY Driver License Number (if applicable)	Email Address			Date of Birth (MM/DD/YYYY)		

1. ☐ I check this box to register my decision to be an organ, eye and tissue donor.
2. ☐ I am a Wyoming Resident **or** ☐ Active-Duty Military/Dependent **or** ☐ Full-time Wyoming College Student
3. ☐ I have checked to add an emergency contact information on file with the Department and I would like the "Next of Kin" (NOK) designation printed on my credential. **(Fill out form below)**

Emergency Contact Name (First, Last)	Contact Number ()	Alternative Contact Number ()
Relationship: ☐ Aunt/Uncle ☐ Child ☐ Grandparent ☐ Niece/Nephew ☐ Parent ☐ Sibling ☐ Spouse/Partner ☐ Other	Address	City & State

4. ☐ I have checked to donate an additional amount to provide for wildlife conservation efforts related to the transportation system.

Amount:

5. ☐ I am an honorably discharged veteran of the armed forces of the United States and I would like the Veteran Designation printed on my credential. **(Proof required)**
6. States besides WY you have held a driver license / learner permit or ID card in the last 10 years.

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7. ☐ I have checked to specify medical condition information on file with the Department and I would like the Medical Alert designation printed on my credential. **(Indicate medical condition in box below)**

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DL/CDL APPLICANT ONLY

8. Do you have a visual condition (other than contact lenses or corrective lenses), that could affect your ability to safely operate a motor vehicle. ☐ YES
9. I have, in the last 2 years, suffered from or am under a doctor's care for the following: ☐ Epilepsy, seizure disorder, or seizures. ☐ Loss of muscular control.
☐ Loss of consciousness. ☐ Loss of impairment of a limb. **(Explain below for any checked box)**

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CDL APPLICANT ONLY (Choose one of the following categories that apply to you)

- ☐ **NI – Non-Excepted Interstate** (Current Medical Certificate Required) I meet the qualification requirements under 49 CFR Part 391.
- ☐ **NA – Non-Excepted Intrastate** (Current Medical Certificate Required) I **do not** meet the qualification requirements under 49 CFR Part 391 or I am under 21 years of age.
- ☐ **EI – Excepted Interstate** (Medical Certificate NOT Required) I am EXEMPT from the qualification requirements under 49 CFR Part 391.
- ☐ **EA – Excepted Intrastate** (Medical Certificate NOT Required) I **do not** meet the requirements of 49 CFR Part 391.

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 form may result in the cancellation of my Wyoming driver license. I hereby authorize the release of my driving record to authorized recipients in accordance with the Departments Rules and Regulations. I agree to the terms and conditions outlined in W.S. 31-7-401 thru 31-7-404, only if applying for an ignition interlock restricted driver license. **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
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VISION SCREENING (Prescriptions will not be accepted)	VISION SPECIALIST or DL EXAMINER SIGNATURE	
Visual Acuity: Right: 20/____ Left: 20/____ Both: 20/____ ☐ with OR ☐ w/o corrective lenses		
Is the horizontal field 90 in one eye or 120 in both or (least 70 in each eye for CDL)? ___YES ___NO	☐ Vis Eval Scanned?	DATE

LEGAL GUARDIAN CERTIFICATE

(Must be completed for under 18 year old driver license / permit applicants)

Initial one of the boxes that applies to your relationship with the applicant:

_____ (Initial) 1. Natural/Adoptive parent, married to other natural/adoptive parent

_____ (Initial) 2. Natural/Adoptive parent with sole custody

_____ (Initial) 3. Natural/Adoptive parents share joint custody (**Both parents signatures required**)

_____ (Initial) 4. Full legal guardian (**Proof required**)

_____ (Initial) 5. Other (**Proof required**)

BEHIND-THE-WHEEL CERTIFICATION

(Only complete this section if the minor applicant is applying for a graduated or hardship driver license)

_____ (Initial) By initialing, I attest that the Driver License Applicant has completed one of the following:

- The applicant completed at least 50 hours of actual driving time, including at least 10 hours of nighttime driving as stated in Wyoming Statute §31-7-110(g). **OR**
- The applicant has completed a Wyoming approved Drivers Education Program. (**Proof required**)

I certify that I am responsible for any negligence or willful misconduct caused by the minor applicant. I agree to the minors decision to register as an organ, eye and tissue donor.

Parent or Guardian Name	Parent or Guardian Name
Parent or Guardian Signature	Parent or Guardian Signature
Date	Date