

# WYOMING COMMERCIAL DRIVER LICENSE APPLICATION



## APPLICANT INFORMATION

SOCIAL SECURITY NUMBER		DATE OF BIRTH			<b>CREDIT CARD PAYMENT OPTION:</b> If you would like to pay by credit card, for an additional \$2.50 fee, you will be contacted <u>via email</u> when we are ready to process your renewal. <b>Please provide your email address below and initial here:</b> _____				
		MONTH	DAY	YEAR					
LEGAL LAST NAME				LEGAL FIRST NAME				LEGAL MIDDLE NAME, SUFFIX	
List all other legal names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)									
RESIDENTIAL ADDRESS (Where you currently live)				CITY	STATE	ZIP CODE	NATURAL HAIR COLOR	NATURAL EYE COLOR	
MAILING ADDRESS** (if different) <small>NOTE: This address will show on your license</small>				CITY	STATE	ZIP CODE	HEIGHT	WEIGHT	
GENDER		PLACE OF BIRTH (CITY and STATE or COUNTRY):			HOME PHONE (including area code):		CELL PHONE (including area code):		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE									
If in the future our system is able to send email notifications, how would you like to be notified? <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> BOTH				EMAIL ADDRESS			DRIVER LICENSE NUMBER		

**You must answer all of the following questions:** \*\*Please verify the address on application. USPS will not forward your new credential.

- List **all** states, including **WY**, where you have held a driver license/learner permit or ID card: \_\_\_\_\_
- Are you a United States Citizen? .....  YES  NO
- Are you a Wyoming Resident? *If no, are you:*  Active-Duty Military/Dependent  Full-time WY College Student .....  YES  NO
- Has your current driver license/ID card been lost, stolen or been taken by law enforcement? If so, from what state? .....  YES  NO
- Is your privilege to drive currently suspended, cancelled, revoked or denied in this or any other state? .....  YES  NO
- Do you want to specify a medical condition to a first responder or law enforcement officer in the event you are unable to communicate it yourself? *If yes, complete the Medical Alert Designation form on the reverse side of this application.* .....  YES  NO
- Would you like to register your decision to be an organ and tissue donor? .....  YES  NO
- Do you want your emergency contact information on file with this Department and the "Next of Kin" (NOK) designation on your driver license? *If yes, complete the Emergency Contact form on the reverse side of this application.* .....  YES  NO
- Do you want the Veteran Designation indicated on your driver license? *If yes, please provide proof of honorable discharge.* .....  YES  NO
- Do you want to donate an additional amount to provide for wildlife conservation efforts related to the transportation system?  
*If yes, please enter an amount \$ \_\_\_\_\_* .....  YES  NO

**In the last 2 years**, have you suffered from or are you under a doctor's care for the following:

- Epilepsy, seizure disorder, or seizures? *If yes, please explain:* \_\_\_\_\_  YES  NO
- Loss of muscular control? *If yes, please explain:* \_\_\_\_\_  YES  NO
- Loss of consciousness? *If yes, please explain:* \_\_\_\_\_  YES  NO
- Loss or impairment of a limb? *If yes, please explain:* \_\_\_\_\_  YES  NO

**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 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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<b>VISION SCREENING (Prescriptions will not be accepted)</b>		VISION SPECIALIST or DL EXAMINER SIGNATURE	
Visual Acuity: Right: 20/ _____ Left: 20/ _____ Both: 20/ _____ <input type="checkbox"/> with <b>OR</b> <input type="checkbox"/> w/o corrective lenses			
Is the horizontal field at least 70 in each eye? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Vis Eval Scanned?	DATE

VERIFICATION DOCS <input type="checkbox"/> All documents verified in DocMan <span style="color: red;">**WYDOT USE ONLY**</span>		MVID #
<input type="checkbox"/> BC <input type="checkbox"/> PP <input type="checkbox"/> SS <input type="checkbox"/> DL <input type="checkbox"/> PR ( <input type="checkbox"/> x1 <input type="checkbox"/> x2) <input type="checkbox"/> OTHER _____		
IMMIGRATION DOCS <input type="checkbox"/> VISA <input type="checkbox"/> I-551 <input type="checkbox"/> I-766 <input type="checkbox"/> I-797 <input type="checkbox"/> OTHER _____		CHECKS <input type="checkbox"/> TEST SCORE TRACKING <input type="checkbox"/> ELDT <input type="checkbox"/> ATTRIBUTES <input type="checkbox"/> PRE-SERVICE / DLN STATES CHECKED _____
DL INFO Service _____ Class _____		<input type="checkbox"/> DOT Med Cert _____ <input type="checkbox"/> CSTIMS
Endorsements _____ Restrictions _____		AMT COLLECTED \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Check # _____

COMMENTS	DRIVER LICENSE EXAMINER SIGNATURE	DATE
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**EMERGENCY CONTACT INFORMATION (NEXT OF KIN DESIGNATION)**

RELATIONSHIP TO APPLICANT	EMERGENCY CONTACT FULL NAME	CONTACT PHONE (including area code):
EMERGENCY CONTACT RESIDENTIAL ADDRESS	CITY and STATE	ALTERNATE PHONE (including area code):
<i>I designate the above individual as my next of kin (emergency contact) and authorize emergency personnel or law enforcement to contact this person in the event I am unable to do so myself.</i>		
APPLICANT NAME (Please Print)	DATE	

**MEDICAL ALERT DESIGNATION (HIPAA permits disclosure to healthcare professionals as necessary for treatment)**

*I would like the Medical Alert Designation on my driver license, which specifies the below medical condition to be communicated to a first responder or law enforcement officer in the event I am unable to communicate myself. If additional information is needed, please specify in other.*

- |  |   |
|--|---|
| <input type="checkbox"/> Food, Drug or Insect Allergy                        | <input type="checkbox"/> Behavioral/Cognitive Conditions    |
| <input type="checkbox"/> Cardiac Problems                                    | <input type="checkbox"/> Implanted Medical Device           |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Epilepsy/Seizure Disorder          |
| <input type="checkbox"/> Opioid Treatment                                    | <input type="checkbox"/> Do Not Resuscitate                 |
| <input type="checkbox"/> Addison's Disease                                   | <input type="checkbox"/> Pulmonary Conditions (Asthma/COPD) |
| <input type="checkbox"/> OTHER (please specify, maximum 34 characters) _____ |   |

APPLICANT SIGNATURE	DATE
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**EXAM STATION LOCATIONS**

**Times and days are subject to change, please visit our website at [www.dot.state.wy.us](http://www.dot.state.wy.us) for additional information.**

<b>Baggs</b> – 307-383-2000 105 2nd Street 1st Thursday each Month, 10:00 am - 2:45 pm <b>Open only Feb, April, June, Aug, Oct, Dec</b>	<b>Gillette</b> – 307-682-2671 3540 East Warlow Drive M-F, 8:00 am - 4:30 pm	<b>Riverton</b> – 307-856-3202 877 N 8 <sup>th</sup> St W, Suite 5 Mon, Thur, & Fri, 8:00 am - 4:30 pm <b>Closed the 4<sup>th</sup> Monday of each month</b>
<b>Basin</b> – 307-568-2529 509 West B Street Wed, 8:45 am - 4:00 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>	<b>Jackson</b> – 307-733-4571 1040 Evans Road M-F, 8:00 am - 4:30 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>	<b>Rock Springs</b> – 307-352-3001 3200 Elk Street M-F, 8:00 am - 4:30 pm
<b>Big Piney</b> – 307-276-3059 231 D North Front Street Wed, 9:00 am - 4:00 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>	<b>Kemmerer</b> – (307) 877-9372 925 Sage St., Suite 106 Thur & Fri, 8:00 am - 4:30 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>	<b>Sheridan</b> – 307-672-5924 1949 Sugarland Dr. #168 Mon, Tues, Thur, Fri, 8:00 am - 4:30pm
<b>Buffalo</b> – 307-684-5809 350 East Hart Street, Space #3 Wed, 9:00 am - 4:00 pm	<b>Lander</b> – 307-332-9858 125 Sunflower Street Tues & Wed, 9:00 am - 4:00 pm	<b>Sundance</b> – 307-283-2557 224 S. 29th Street Mon & Thur, 9:00am-4:00pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>
<b>Casper</b> - 307-473-3333 800 Bryan Stock Trail M-F, 8:00 am - 4:30 pm	<b>Laramie</b> – 307-745-2225 3411 South 3 <sup>rd</sup> St. Ste 8 M-F, 8:00 am - 4:30 pm	<b>Thayne</b> – 307-883-5003 250 VanNoy Parkway, St B130 M-F, 8:00 am - 4:30 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>
<b>Cheyenne</b> – 307-777-3835 1520 Etchepare Circle M-F, 8am-4:30pm	<b>Lovell</b> – 307-548-2494 203 East 2nd Street Tues, 9:30 am - 4:00 pm	<b>Thermopoliis</b> – 307-864-9407 173 US Hwy 20 South Tues, 9:00 am - 4:00 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>
<b>Cody</b> – 307-587-3346 2201 17th Street, Unit 11 Mon & Wed-Fri, 8:00 am - 4:30 pm	<b>Lusk</b> – 307-334-2098 905 South Main Street Wed, 9:00 am - 3:30 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>	<b>Torrington</b> – 307-532-1270 2948 West "C" ST, Ste A Mon, Tues, Thur, Fri 8:00am - 4:30pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>
<b>Douglas</b> – 307-358-7190 50 Orin Way Wed-Fri, 8:00 am - 4:30 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>	<b>Newcastle</b> – 307-746-2690 723A Washington Blvd Tues, Wed, & Fri, 8:00 am - 4:30 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>	<b>Wheatland</b> – 307-322-6509 68 16 <sup>th</sup> Street Mon & Tues 9:30am – 3:30 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>
<b>Dubois</b> – 307-455-3140 712 Meckem Street <b>4th Monday each Month, 10:00 am - 3:00 pm</b>	<b>Pinedale</b> – 307-367-4381 1551 West Pine Street Mon, 10:00 am - 4:00 pm, Tues, 8:00 am - 4:00 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>	<b>Worland</b> – 307-347-6528 606 S 12 <sup>th</sup> Street Mon, Thur, Fri, 8:00 am - 4:30pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>
<b>Evanston</b> – 307-789-2257 555 County Road M-F, 8:00 am - 4:30 pm <b>Closed for lunch 12:00 pm - 1:00 pm</b>	<b>Rawlins</b> – 307-328-4102 301 Airport Road M-F, 8:00 am - 4:30 pm <b>Closed for lunch 12:00 pm - 1:00 pm, Closed the 1st Thurs of Month in Feb, April, June, Aug, Oct, Dec</b>	