

WYOMING IDENTIFICATION CARD APPLICATION



APPLICANT INFORMATION

CREDIT CARD PAYMENT OPTION: If you would like to pay by credit card (a additional service fee is charged), you will be contacted when we are ready to process your renewal. Please provide your email address below and initial here: _____.

SOCIAL SECURITY NUMBER	DATE OF BIRTH		
	MONTH	DAY	YEAR

LEGAL LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
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MAILING ADDRESS (if different from below) <i>NOTE: This address will show on your license/ID card</i>	CITY	STATE	ZIP CODE
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RESIDENTIAL ADDRESS (Where you currently live)	CITY	STATE	ZIP CODE
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HOME PHONE (including area code):	CELL PHONE (including area code):	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NATURAL HAIR COLOR	NATURAL EYE COLOR
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PLACE OF BIRTH	HEIGHT	WEIGHT
CITY: _____ STATE or COUNTRY: _____	FT. IN.	LBS.

If in the future our system was 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
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You must answer all of the following questions:

1. List **all** states, including **WY**, where you have held a driver license/learner permit or ID card: _____
2. Are you a United States Citizen? YES NO
3. Are you a Wyoming Resident? *If no, are you:* *Active-Duty Military/Dependent* *Full-time WY College Student* YES NO
4. Has your current driver license/ID card been lost, stolen or been taken by law enforcement? If so, from what state? _____ YES NO
5. Would you like to register your decision to be an organ and tissue donor? ****If under 18 yrs. old, your parent/guardian must sign below.** YES NO
***The above minor has my permission to register as a donor: _____ Parent/Guardian Signature*
6. 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 ap.* YES NO
7. Did you submit your request for the Veteran designation to the Wyoming Veterans Commission, been **APPROVED** and want the designation indicated on your identification card? **Wyoming Veterans Commission may be contacted at 307-777-8152.** YES NO

*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. **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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VERIFICATION DOCS <input type="checkbox"/> All documents verified in DocMan <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 _____	**WYDOT USE ONLY**	MVID # _____
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"/> PRE-SERVICE / DLN STATES CHECKED _____	
DL/IDC INFO Service _____		
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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DRIVER LICENSE EXAMINER SIGNATURE	DATE
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FOR OFFICE USE ONLY
MVID # _____

EMERGENCY CONTACT

(NEXT OF KIN DESIGNATION)



APPLICANT INFORMATION

APPLICANT LAST NAME	FIRST NAME	DATE OF BIRTH
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EMERGENCY CONTACT INFORMATION

RELATIONSHIP TO APPLICANT	FULL NAME	CONTACT PHONE (including area code):
RESIDENTIAL ADDRESS		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 SIGNATURE		DATE