



# WISCONSIN IDENTIFICATION CARD (ID) APPLICATION

Wisconsin Department of Transportation

MV3004 10/2014 Ch. 343 Wis. Stats.

**Wisconsin ID cards used for voting are FREE.** Check the box  **ID for FREE** on the back.

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

You cannot hold both a driver license and Wisconsin ID card at the same time. (s. 343.50(1)(b) Wis. Stats.)

### To get started:

- Complete this application form MV3004.  
If you have a Social Security number, you must provide it. (s. 343.14(2)(bm) Wis. Stats.)
- If you are NOT a U.S. citizen, present proof of legal presence every time you apply.

### To get your first (original) Wisconsin ID card:

#### SURRENDER

- Your current unexpired Wisconsin driver license

#### OR

#### PRESENT ACCEPTABLE PROOF\* OF

- Name and date of birth
- Legal presence
- Identity
- Wisconsin residency
- Name change (*if applicable*)

**NOTE:** If your documents proving U.S. citizenship, name and date of birth, or legal name change are unavailable, and you are applying for an ID card for the first time and it is for voting purposes, you may use the document verification petition process by completing both this application form MV3004 and form MV3012 DMV Administrator Petition – Unavailable Documentation.

### To get a REAL ID-compliant ID card:

#### SURRENDER

- Your REAL ID-compliant Wisconsin driver license

#### OR

#### PRESENT

- All of the documents above
- Acceptable proof\* of Social Security number

### To renew your ID card or get a replacement (duplicate):

- Present acceptable proof\* of identity (a previously issued Wisconsin ID or driver license is sufficient).

**SOCIAL SECURITY NUMBER (SSN)** If you have an 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 and vehicle registration records. Your SSN must correspond with the number issued by the Social Security Administration.

**NOTICE TO MALES AGE 18–25** By submitting this application, you consent to be registered with the Selective Service System, if required by Federal law. You also authorize WisDOT to forward any information contained in this application that is requested by the Selective Service System for the purpose of registering you as provided in s. 343.14(2)(em) and s. 343.234 Wis. Stats.

**ADA** WisDOT complies with the Americans with Disabilities Act (ADA)

**WARNING** Any applicant for a Wisconsin Identification Card who presents fraudulent or altered documents or makes a false statement to the issuing officer or agency, may be subject to a fine of not more than \$1,000, imprisonment for not more than 6 months or both and cancellation of fraudulently obtained Wisconsin Identification Card. (s. 343.14(5) Wis. Stats.)

**RELEASE OF INFORMATION** Wisconsin Identification Card information may only be shared with courts, district attorneys, county corporation counsel, city, village or town attorney, law enforcement, the applicant or the applicant's parent or legal guardian if the person is under age 18.

**\*ACCEPTABLE PROOF** DMV publishes a list of acceptable documents. Ask for *Acceptable Documents for a Wisconsin Driver License or ID Card application* (publication BDS316) at your local DMV service center or look for it online at: [www.wisconsin.gov/drivers/drivers/apply/doc/index.htm](http://www.wisconsin.gov/drivers/drivers/apply/doc/index.htm).

# WISCONSIN IDENTIFICATION CARD (ID) APPLICATION *(continued)*

Wisconsin Department of Transportation MV3004

## All ID cards used for voting are FREE

Check the box  ID for FREE

### APPLICANT – PLEASE PRINT

Applicant Name – First, Middle, Last				Birth Date (mm/dd/yyyy)		Social Security Number	
Residence Address – Street		Apt #	City	State	ZIP Code	County of Residence	
Mailing Address – <u>ONLY IF DIFFERENT</u> from Residence		Apt #	City	State	ZIP Code	County of Residence	
Sex	Race	Eyes	Hair	Weight	Height	Former Name (if changed since last license or ID card)	
1. Do you wish to register to be an organ, tissue and eye donor? YES <input type="checkbox"/>				Reason for Name Change			
Will you donate \$2 to organ, tissue and eye donation efforts? YES <input type="checkbox"/>				Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other <input type="checkbox"/> List: _____			
2. <b>OPT OUT</b> – Do you wish to have your name and address withheld from lists WisDOT sells? YES <input type="checkbox"/>				5. <b>Check ONLY ONE</b> of the following three boxes. I certify that I am a:			
3. Do you hold a valid driver license/identification card FROM ANOTHER STATE/COUNTRY? YES NO If yes, list: _____ <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent or Conditional Permanent Resident <input type="checkbox"/> Temporary Visitor			
4. <b>ID for FREE</b> – I certify that I am a U.S. citizen, will be at least 18 years of age by the next election and require a Wisconsin ID for free to vote. YES <input type="checkbox"/>				6. I am a veteran registered with WDVA and wish to have my veteran status indicated on my ID Card. YES <input type="checkbox"/> (DMV is required to verify your status with WDVA.)			

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 – mm/dd/yyyy)

**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, 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 an ID card.

**OPT OUT** Under Wisconsin open records laws, WisDOT must provide information from its records to requesters. If you do not want your name and address included in requests we receive for ten or more records, you may ask WisDOT to withhold your name and address from those lists by checking the box on the application.

**FOR MORE INFORMATION VISIT [www.wisconsinidmv.gov](http://www.wisconsinidmv.gov)**

<b>OFFICE USE ONLY</b>				<input type="checkbox"/> REAL ID				Application Type			
								<input type="checkbox"/> ORG <input type="checkbox"/> RNW <input type="checkbox"/> DUP <input type="checkbox"/> REI <input type="checkbox"/> RSM			
Date		Processor ID		Payment				Amount			
				<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Acct.				\$			
Wisconsin or Out-of-State License Number		State		Expiration Date							
Legal Presence		Name/DOB Proof		Identity/SS Proof		Residency Proof		<b>X</b>			
								(Processor Signature)			
								(Date)			