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| **wisdot-agency-name-logo-100-black-rgbPLEDGE OF CONFIDENTIALITY**  MV3454 4/2019 343.16(5)(d) Wis. Stats. | Wisconsin Department of Transportation • Medical Review  PO Box 7918, Madison, WI 53707-7918  Telephone: (608) 266-2327  FAX: (608) 267-0518  Email: [dmvmedical@dot.wi.gov](mailto:dmvmedical@dot.wi.gov?subject=MV3454%20%20Pledge%20of%20Confidentiality) | |
| Completion of this Pledge of Confidentiality indicates that you have information which questions a person’s ability to safely operate a motor vehicle. It also indicates that you will not disclose the information to the Wisconsin Department of Transportation (WisDOT), including the driver’s name, without a Pledge of Confidentiality. This pledge will remain confidential to the extent permitted by law. A court of competent jurisdiction could order the release of information otherwise held in confidence as a result of this pledge.  To be valid, this Pledge must be signed by a Wisconsin Department of Transportation representative prior to receiving the personally identifiable information about the driver. **Information provided prior to completion of this Pledge, or not listed in this Pledge, or any subsequent information that is not identified in a Pledge of Confidentiality Agreement will not be considered confidential.** | | |
| **SECTION 1** – To be completed by the **Information Source** | | | |
| Name of Information Source (First, Middle Initial, Last) | | Address | |
| (Area Code) Telephone Number | | City State ZIP Code | |
| Please give the reason the information will not be provided without a *Pledge of Confidentiality*: | | | |
|  | | **X** | |
|  | | (Information Source Signature) (Date – m/d/yy) | |



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| **SECTION 2** – To be completed by a **WisDOT Representative**  I have determined that a *Pledge of Confidentiality* is necessary to obtain potentially important information  related to public safety. I extend the Department’s Pledge to the above-named information source. | | |
|  | **X** | |
|  | (WisDOT Representative Signature) (Date – m/d/yy) | |
| **SECTION 3** – To be completed **after the pledge is signed** by a WisDOT Representative | | |
| Name of Driver (First, Middle Initial, Last) | | |
| Address | | |
| City State ZIP Code | | Driver License Number   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | – |  |  |  |  | – |  |  |  |  | – |  |  | | 1 | 2 | 3 | 4 |  | 5 | 6 | 7 | 8 |  | 9 | 10 | 11 | 12 |  | 13 | 14 | |

**SECTION 4** – **Form MV3141, *Driver Condition or Behavior Report* MUST be attached.** See: <http://wisconsindot.gov/Pages/dmv/license-drvs/rcd-crsh-rpt/driver-forms.aspx>