



WISCONSIN IDENTIFICATION CARD (ID) APPLICATION

Wisconsin Department of Transportation
MV3004 4/2024 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.

INVISIBLE DISABILITY notice to law enforcement form: wisconsindmv.gov/inv-dis or at DMV Service Centers.

* **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: wisconsindmv.gov/dl-docs.

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

Wisconsin Department of Transportation MV3004 4/2024



All ID cards used for voting are FREE

Check the box ID for FREE

APPLICANT – PLEASE PRINT

Applicant Name – First, Middle, Last				Birth Date			Social Security Number																										
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M	M	-	D	D	-	Y	Y	Y	Y																								
1	2	3	-	4	5	-	6	7	8	9																							
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																										
Sex	Race	Eyes	Hair	Weight	Height																												
Former Name (if changed since last license or ID card)				Reason for Name Change																													
				Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other <input type="checkbox"/> List: _____																													
1. Do you wish to register to be an organ, tissue and eye donor?			YES <input type="checkbox"/>	5. Check ONLY ONE of the following three boxes.																													
2. OPT OUT – Do you wish to have your name and address withheld from lists WisDOT sells?			YES <input type="checkbox"/>	I certify that I am a:																													
3. Do you hold a valid driver license/identification card FROM ANOTHER STATE/COUNTRY?			YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent or Conditional Permanent Resident <input type="checkbox"/> Temporary Visitor																													
If yes, list: _____				6. I am a veteran registered with WDVA and wish to have my veteran status indicated on my ID Card. (DMV is required to verify your status with WDVA)																													
4. ID for FREE – 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"/>	7. Will you donate \$2 to organ, tissue and eye donation efforts?																													
				YES <input type="checkbox"/> NO <input type="checkbox"/>				For more information visit: wisconsinidmv.gov/emergencycontact																									

I understand that I must surrender for cancellation any driver license or identification card previously issued by another state before I may be issued a driver license or identification card in the State of Wisconsin. The State of Wisconsin will notify the other state that my driver license or identification card is surrendered and cancelled, and that I have been issued a Wisconsin license or identification card. (ss. 343.11(1) and (2), and 343.50(1)(b) Wis. Stats.) 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: wisconsinidmv.gov

OFFICE USE ONLY			<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		Amount
					\$
Wisconsin or Out-of-State License Number			State	Expiration Date	
			X		
			(Processor Signature)		(Date)