

To the _____ of the _____ of _____, Wisconsin:

I certify that I am _____ years of age and do not have an arrest or conviction record to SS. 111.321, 111.322 and 111.335.

Drivers License # _____

Signature of Applicant

Name of Applicant _____

FIRST	MIDDLE INITIAL	LAST

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? _____

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____

If so, where? _____

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?

Name and address of physician signing your health certificate filed herewith (if required) _____

Signature of Applicant

STATE OF WISCONSIN,

County.

} ss.

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all that statements made by the applicant are true.

Subscribed and sworn to before me this _____

Applicant sign here

day of _____, _____

Notary Public, _____ County, Wis.