



APPLICATION FOR OCCUPATIONAL OPERATOR LICENSE – INSTRUCTIONS

Wisconsin Department of Transportation

MV3027 11/2018

ITEMS NEEDED TO APPLY

- Complete a *Wisconsin Operator License Application* MV3001 and the attached *Occupational Operator License Application* MV3027.
If you are under 18 years old, a notarized sponsor signature is required.
- Complete necessary tests, including vision screening.
- Provide proof of your identity, such as a Wisconsin Driver License or ID card or a signed original Social Security Card.
- Provide an SR22 insurance certificate.
- You must have a suspended or revoked driving status to qualify for an Occupational Driver License.
Please go to wisconsindmv.gov/occupational to check your eligibility for an Occupational License or call (608) 264-7447.
- Pay a \$50 nonrefundable fee.
- If you have two or more OWI convictions and are currently revoked for OWI, you must be in compliance with Driver Safety regulations by submitting to an alcohol or other drug assessment and participating in a Driver Safety Plan. For more information please call (608) 261-8202.
- If the court has ordered an Ignition Interlock Device (IID) restriction, IIDs must be installed in all vehicles titled or registered to the applicant, unless the vehicle has been exempted by the court.
- If you have been revoked as a Habitual Traffic Offender (HTO), the circuit court in your county of residence must approve the issuance of your occupational license.

INSTRUCTIONS FOR COMPLETING THE *APPLICATION FOR OCCUPATIONAL LICENSE MV3027*. (print clearly)

1. Fill in your name, birth date, driver license number, and telephone number.
2. List your occupation(s) and the name(s) of your employer(s). Self employed person(s) provide business name(s).
3. Check the appropriate boxes for **ALL** the uses you need for the occupational license. If you are a student, indicate the school you are attending. Homemaker may include, but is not limited to: grocery shopping, medical appointments, caring for parent or spouse, taking children to school activities, child visitation, etc. Homemaker does **NOT** include operation for pleasure or recreation. An occupational license cannot be used for driving a commercial motor vehicle.
If you have been convicted of Operating While Intoxicated (OWI), you must complete an alcohol assessment. You will also be required to complete a Driver Safety Plan. If you are currently enrolled in a Driver Safety Plan, check the yes box and include the time you will need to drive to attend your sessions. If you have completed or have not yet enrolled in a Driver Safety Plan, check the no box.
4. List the counties or states in which you need to drive. This list must include your county of residence. Be sure to consider ALL areas where you need to drive. For example, if you live in Madison and must travel to Green Bay for work, be sure to list ALL counties you will be driving through to get to Green Bay. You must be able to define the areas where you will be driving. A statement like Southern Wisconsin is unacceptable because the area cannot be specifically defined.
5. List your actual driving time only. This should include only the time you will be operating a vehicle. Be sure to give yourself enough time to go to and from your destination. You can legally drive only during the times you list. Do not list the hours you will be working unless you need to drive while you work.
When listing the time you will be driving, indicate A for AM, P for PM, N for Noon and M for Midnight. Start and Stop times must end in either :00, :15, :30 or :45. For example, if it takes you 35 minutes to go to your place of employment and you start at 10:00 a.m., list your Start as 9:15 a.m. and your Stop as 10:00 a.m. Do **NOT** list hours starting on one day and ending on the next. Example: If you need to drive 10 p.m. - 2 a.m. on Saturday, list your hours as 10 p.m. – 12 midnight on Saturday and 12 midnight to 2 a.m. on Sunday. Do **NOT** exceed 12 hours for any one day and 60 hours for the entire week.
6. Total the amount of time you will be driving for each day and for the entire week.
7. Sign and date the application. By signing the application, you are certifying that you are operating a motor vehicle, during the times and at the locations specified in the application, as necessary for fulfilling the duties of your occupation.

A sample of a completed application MV3027 is on the reverse side.

For additional information, see the *Occupational License Information* publication BDS361
or visit the Wisconsin DMV website wisconsindmv.gov.

For specific questions, please call (608) 264-7447 or email wisconsindmv.gov/email.



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(1) Applicant Name (First, Middle Initial, Last) Julie M. Citizen		Birth Date 01-07-1980		Driver License Number C123-1234-234-01				Daytime Telephone Number (608) 123-1234	
(2) OCCUPATION Clerk		EMPLOYER Gas, Inc.		(3) Occupational License Uses (Check ALL Necessary) <input checked="" type="checkbox"/> Church <input type="checkbox"/> Emergency Service Provider <input checked="" type="checkbox"/> Homemaker <input type="checkbox"/> Student at: Have You Enrolled in a Driver Safety Plan <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Groomer		K9 Grooming (self-employed)		If Yes, list the hours (below) you will need to drive to attend					
(4) List ALL Counties or States in which you will be driving (Include your County of Residence) Dane, Columbia				<p>in the time you start driving and end on the same day. Indicate the time you start driving and end on the same day. Indicate the time you start driving and end on the same day. Indicate the time you start driving and end on the same day.</p> <p>Example: 8:00 A to 12:00 P</p>					

in the time you start driving and end on the same day. Indicate the time you start driving and end on the same day. Indicate the time you start driving and end on the same day. Indicate the time you start driving and end on the same day.

Example: 8:00 A to 12:00 P

Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Sunday			
Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N
9:15	A	10:00	A	3:15	A	3:45	A	9:00	A	5:00	P	3:15	A	4:15	A	6:00	A	12:00	N	6:00	A	11:00	A	12:00	M	2:00	A
3:00	P	5:00	P	11:30	A	5:00	P	:	A	:	P	4:30	A	5:00	P	6:00	P	10:00	P	11:30	A	12:30	P	7:30	A	10:30	A
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Monday Hours	2:45	Tuesday Hours	6:00	Wednesday Hours	8:00	Thursday Hours	6:00	Friday Hours	10:00	Saturday Hours	12:00	Sunday Hours	5:00
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Applicant Certification – Operating a motor vehicle, at the times and at the locations specified in this application, is necessary for fulfilling the duties of my occupation described above.										TOTAL HOURS		49:45	
X Julie M. Citizen												8/2/2014	

(7) (Applicant Signature)										(Date – m/d/yyyy)			
Circuit Court					Court Signature X					Court Signature Date (m/d/yyyy)			



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(1) Applicant Name (First, Middle Initial, Last)		Birth Date MM - DD - YYYY	Driver License Number 1 2 3 4 - 5 6 7 8 - 9 10 11 12 - 13 14	Daytime Telephone Number
(2) OCCUPATION	EMPLOYER	(3) Occupational License Uses (Check ALL Necessary) <input type="checkbox"/> Church <input type="checkbox"/> Emergency Service Provider <input type="checkbox"/> Homemaker <input type="checkbox"/> Student at: Have You Enrolled in a Driver Safety Plan <input type="checkbox"/> Yes <input type="checkbox"/> No		
(4) List ALL Counties or States in which you will be driving (Include your County of Residence)		If Yes , list the hours (below) you will need to drive to attend		

N
start
A
stop
P
M

Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Sunday			
Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N	Start	A/P or M/N	Stop	A/P or M/N
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Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours
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Applicant Certification – Operating a motor vehicle, at the times and at the locations specified in this application, is necessary for fulfilling the duties of my occupation described above.	TOTAL HOURS <hr/> Examiner ID
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X (7) (Applicant Signature)	(Date – m/d/yyyy)	
Circuit Court	Court Signature X	Court Signature Date (m/d/yyyy)