

This form must be signed and taken to a DMV service center

MV3027 5/2005

APPLICATION FOR OCCUPATIONAL OPERATOR LICENSE

Wisconsin Department of Transportation

(1) Applicant Name - First MI Last	Birth Date - Month - Day - Year	Driver License Number	Telephone (7:30 a.m - 5:00 p.m.)
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(2) Occupation	Employer

(3) Occupational License Uses - Check ALL Necessary

Church Emergency Service Provider

Homemaker

Student at: _____

Have you enrolled in a Driver Safety Plan? Yes No

If Yes, be sure to list below the hours you will need to drive to attend.

(4) List all the Counties or States in which you will be driving - Be sure to include your County of Residence

(5) **Actual Daily Driving Time** - List only the hours you will actually be driving, beginning with the time you **start** driving and ending when you **stop** driving. You can legally drive only during the times listed. Do **NOT** exceed 12 hours for any one day and no more than 60 hours for an entire week. Indicate **A** for a.m. and **P** for p.m. Use **12 M** for midnight & **12 N** for noon. 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.

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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(6) **Total Driving Time**- Actual driving time cannot be more than 12 hours for any one day and no more than 60 hours for the entire week.

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.

(7) Applicant Signature	Date	Total Hours
X		

Circuit Court	Court Signature	Court Signature Date
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