



COUNTY VETERAN SERVICE OFFICER CERTIFICATION – IDENTIFIER

Wisconsin Department of Transportation
MV3010 4/2014

Use of this form is required by the Department for any application supported by a County Veteran Service Officer verification pursuant to 2013 Wisconsin Act 17.

Failure to provide accurate or complete information may result in removal of your Veteran Identifier.

Effective December 1, 2013, certain veterans are eligible for a veteran identifier on their driver license or identification card.

Wisconsin residents who can produce evidence that he or she meets the requirements are eligible to apply for this identifier.

To apply for this benefit, this form must be complete. To protect the confidentiality of the military and medical records of veterans, please have a County Veteran Service Officer (CVSO) complete the affidavit below certifying that the applicant is eligible for this identifier. To locate the nearest CVSO, please consult: www.WisVets.com/CSVSO or contact the Wisconsin Department of Veterans Affairs at 1-800-WIS-VETS (1-800-947-8387).

The CVSO will need to see:

- Copy of DD-214 or Separation Papers
- Photo ID

APPLICANT INFORMATION

Name (Last, First, Middle Initial)		(Area Code) Telephone Number
Address, City, State, ZIP Code		Date of Birth (m/d/yyyy)
X		
(Signature of Applicant)		(Signature Date – m/d/yyyy)

ELIGIBILITY CERTIFICATION – To be completed by County Veteran Service Officer

County Veteran Service Officer's Name (Last, First, Middle Initial)		Title
County		(Area Code) Telephone Number
I, as a county veteran service officer, certify that I have reviewed the applicant's DD214 and have verified that the applicant listed above qualifies as a veteran under the eligibility criteria within Wisconsin Statute, Section 45.01(12)(a-f). I understand that an applicant who does not meet the statutory criteria under Wisconsin Statute, Section 45.01(12)(a-f) is not eligible for a veteran identifier on their driver license or identification card.		
X		
(Signature of County Veteran Service Officer)		(Signature Date – m/d/yyyy)