



# 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](http://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)
<b>X</b>		
(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.		
<b>X</b>		
(Signature of County Veteran Service Officer)		(Signature Date – m/d/yyyy)