

Application and Affidavit for License, Registration, or Certificate of Title

Background:

The Bureau of Child Support is providing this form to you to comply with state statutes pertaining to individuals who do not have a Social Security number and who are applying for a license, registration, or certificate of title under one of the statutes listed on the application form attached.

If an individual who applies for a license, registration, or certificate of title under the Department of Transportation respective license, registration or certificate of title statute does not have a Social Security number, the individual, as a condition of obtaining that license, registration, or certificate of title, shall submit a statement made or subscribed under oath or affirmation to the board that the individual does not have a Social Security number. The form of the statement shall be prescribed by the Department of Children and Families. A license, registration or certificate of title issued in reliance upon a false statement submitted is invalid.

Instructions to Applicant:

Complete the application and affidavit in full and sign it in the presence of a Notary Public. After being notarized, send the notarized application and affidavit to the DOT.

Instructions to DOT Agents:

Please keep the original application and affidavit for your agency and mail, email, or fax a copy of the completed form to:

Department of Children and Families
Bureau of Child Support
Attn: License Coordinator
P.O. Box 7935
Madison, WI 53707-7935

Email: bcsinfo@wisconsin.gov

Fax Number: (608) 422-7165

All completed forms must be maintained in a locked, confidential file.

Application and Affidavit for License, Registration, or Certificate of Title

Please print your responses. Each signature on the affidavit must be signed in the presence of a notary public. The completed notarized form must be submitted to the DOT.

| | | | | |
|---|------------------------|----------|----------------------|-------------------|
| Full Name of Applicant (First) | | (Middle) | (Last) | |
| Address Street | | Apt | City | State Zip Code |
| Mailing Address (if different than above) | | | | |
| Gender male/female | Height (feet) (inches) | Weight | Hair Color | Eye Color |
| Date of Birth | County of Birth | | State of Birth | |
| Telephone Number | Cell Phone Number | | Driver's License No. | |
| Applicant's Guardian's Full Name (First) | | (Middle) | (Last) | |
| Applicant's Guardian's Full Name (First) | | (Middle) | (Last) | |

AFFIDAVIT

I hereby attest that I do NOT have a social security number because:

- I have an approved IRS form 4029 (exemption from paying social security taxes)
- Other (explanation required) _____ If at any time in the future I obtain a social security number, I will provide it with my next application for renewal.

I understand that providing a false affidavit automatically makes this application invalid. Therefore, any licenses, registrations or certificate of title issued as a result will also be invalid and I may be subject to penalties for false swearing under s. 946.32, Stats., and for operating without a valid license, registration or certificate of title under ss 218.0114.14(21g)(c), 218.02(2)(a)3., 218.04(3)(a)3., 218.05(3)(am)3., 218.11(2)(am)4., 218.12(2)(am)3., 218.21(2f)(a), 218.31(1f),(a) 218.41(2)(am)3., 218.51(3)(am)3., 341.51(4)(am), 342.06(1)(eh), 343.14(2)(br), 343.305(6)(e)2.am., 343.61(2)(a)1m., 343.62(2)(am) Stats.

Applicant Signature

NOTARY

State of Wisconsin, County of _____

This document was signed before me on (date) _____

Notary Signature

Notary's Expiration Date

Notary's Seal

| | |
|--|---------------------------------|
| FOR DOT USE ONLY: Division Name _____ | Date Forwarded to DCF: _____ |
| Division Contact Name: _____ | Contact Telephone Number: _____ |