

**CERTIFICATION OF LOST
DRIVER LICENSE OR ID CARD**

Wisconsin Department of Transportation
MV3117 5/2000

Complete your name, address, birth date, and information relating to only the item lost or destroyed.

TO THE ADMINISTRATOR OF THE DIVISION OF MOTOR VEHICLES:

This is to certify under penalty of law s. 345.17 Wis. Stats. that I no longer have the following in my possession:

Check the appropriate box(es)

- Driver License
 Identification Card

Disposition of Driver License
or Identification Card:

- Lost Stolen Destroyed
 Surrendered to: _____
 Other (Specify): _____

Driver License or Identification Card Number	State	Expiration Date
Name		Birth Date
Address (Street/RFD)		
City		Zip Code

If found, I will immediately forward it to the Wisconsin Department of Transportation, Bureau of Driver Services, P. O. Box 7995, Madison, WI 53707-7995.

X _____

(Applicant)

(Date)