



## PUBLIC PASSENGER VEHICLE DRIVER'S TEST RULES

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)

<b>APPLICANT</b>	
Full Legal Name (last, first, middle):	Date of Birth:
Home Address (include city, state, zip):	Phone Number:
Mailing Address (include, city, state, zip):	Email Address:
<b>WISCONSIN DRIVER'S LICENSE NUMBER</b>	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <span style="margin: 0 5px;">--</span> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <span style="margin: 0 5px;">--</span> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <span style="margin: 0 5px;">--</span> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div> <div style="border: 1px solid black; padding: 5px; width: 150px;"> <b>Office Use Only:</b>   <input type="checkbox"/> <b>Verified WI DL#</b> </div> </div>	
<b>ACKNOWLEDGE UNDERSTANDING OF TEST RULES</b>	
Write your initials in each of the boxes below acknowledging your understanding of each rule.	
<input style="width: 40px; height: 40px;" type="checkbox"/>	1. I understand the test will automatically end after 60 minutes and I must correctly answer at least 28 questions as determined by the License Division.
<input style="width: 40px; height: 40px;" type="checkbox"/>	2. I am not permitted to use any notes, maps, street guides, devices, or any other reference materials.
<input style="width: 40px; height: 40px;" type="checkbox"/>	3. After the test has started, I am not permitted to speak with, ask any questions of, or ask for any assistance from, any member of the License Division or any other person.
<input style="width: 40px; height: 40px;" type="checkbox"/>	4. My cellular telephone, electronic devices, and other personal belongings must be placed in the designated area at the test station before the test starts and cannot for any reason be accessed by me at any time after the test has started.
<input style="width: 40px; height: 40px;" type="checkbox"/>	5. After the test has started, I am not permitted to leave the test station to use the restroom, make or receive telephone calls, obtain any item from a vehicle, or for any other reason, excepting medical emergencies.
<input style="width: 40px; height: 40px;" type="checkbox"/>	6. I cannot for any reason view, amend, or obtain a copy of my test.
<input style="width: 40px; height: 40px;" type="checkbox"/>	7. After the test has started, I am not eligible to be refunded any portion of the test fee.
<input style="width: 40px; height: 40px;" type="checkbox"/>	8. I understand I can take the test only one time per day. Therefore, if I do not pass the test, I will need to come back another day to retake the test. Multiple tests taken on the same day will be invalid.
<b>SIGNATURE</b>	
I, the undersigned, hereby acknowledge my understanding of each test rule identified herein, and my understanding that the violation of any test rule may, in the sole discretion of the License Division, result in failure of the test.	
<div style="border-top: 1px solid black; width: 80%; margin: 0 auto;"></div> Signature	
Office Use Only:	Invoice # _____ Test Date: _____ Start Time: _____
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____ DRN # _____ <input type="checkbox"/> No application on file yet