

Completion of this section is requested but not required to apply for a driver's license or ID Card. (Virginia Code §2.2-3806)

INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL

Yes, I would like to become an organ, eye and tissue donor.



**IDENTIFICATION CARD APPLICATION
FOR MINORS UNDER AGE 15**

DL 5 (11/16/2017)

LOG #

Purpose: Minors under age 15 use this form to apply for an identification card.

Instruction: To qualify for an identification card for a minor, the applicant must be a Virginia resident under age 15. Print in ink or type. Virginia Code requires that you provide DMV with the information on this form (including your social security number).

APPLICATION TYPE

<input type="checkbox"/> Original	If you are applying for a replacement ID Card check one the following;
<input type="checkbox"/> Renewal	
<input type="checkbox"/> Replacement	
<input type="checkbox"/> I am surrendering my current ID Card. <input type="checkbox"/> I certify my current ID Card is unavailable for surrender because it is: <input type="checkbox"/> lost <input type="checkbox"/> stolen <input type="checkbox"/> destroyed/mutilated	

APPLICANT INFORMATION

NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD ID CARDS.

FULL LEGAL NAME (last, first, middle, suffix)			SOCIAL SECURITY NUMBER (SSN)		<input type="checkbox"/> I HAVE NOT BEEN ISSUED A SSN.
BIRTHDATE (mm/dd/yyyy)	GENDER (check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	WEIGHT LBS.	HEIGHT FT. IN.	EYE COLOR	HAIR COLOR
STREET ADDRESS		APT NO.	CITY	STATE ZIP CODE	
TELEPHONE NUMBER (optional)	IF YOUR NAME HAS CHANGED, PRINT FORMER NAME HERE		NAME OF CITY OR COUNTY OF RESIDENCE <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY OF		
MAILING ADDRESS (if different from above - this address will show on your ID card)		APT NO.	CITY	STATE ZIP CODE	

SPECIAL INDICATOR REQUEST

Please show the following indicator(s) on my ID card: (Must submit required physician statement.)

<input type="checkbox"/> Insulin-dependent diabetic	<input type="checkbox"/> Speech impairment	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Intellectual disability (IntD)	<input type="checkbox"/> Autism spectrum disorder (ASD)	

EMERGENCY CONTACT INFORMATION

Participation in the Emergency Contact Program is voluntary. If you choose to participate, emergency contact information will be added to your identification card record. This information will only be accessible to DMV and law enforcement. Add this information on page 2 of this form.

"Certification" section on the back of this form must be completed.

FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE

REMARKS/PAID STAMP	CUSTOMER NUMBER	TRANSACTION TYPE		FEE
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE <input type="checkbox"/> DUPLICATE <input type="checkbox"/> RENEWAL		
	PROOF OF ID	PROOF OF RESIDENCY (primary)		
	PROOF OF SOCIAL SECURITY (specify)	PROOF OF RESIDENCY (secondary)		
	PROOF OF LEGAL PRESENCE (specify)			
	Document Type	Document Number	Expiration Date (mm/dd/yyyy)	
Document Type	Document Number	Expiration Date (mm/dd/yyyy)		
CSR SIGNATURE AND LOGONID		DOCUMENT VERIFIER SIGNATURE AND LOGONID		

EMERGENCY CONTACT INFORMATION (continued)

FIRST NAME, LAST NAME AND PRIMARY TELEPHONE NUMBER ARE REQUIRED (Contact must be a person 18 years of age or older)			
CONTACT 1	CONTACT FIRST NAME	CONTACT LAST NAME	PRIMARY TELEPHONE NUMBER
	CONTACT STREET ADDRESS	CITY	STATE ZIP CODE
	COUNTRY	ARE YOU RELATED TO THE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECONDARY TELEPHONE NUMBER
FIRST NAME, LAST NAME AND PRIMARY TELEPHONE NUMBER ARE REQUIRED (Contact must be a person 18 years of age or older)			
CONTACT 2	CONTACT FIRST NAME	CONTACT LAST NAME	PRIMARY TELEPHONE NUMBER
	CONTACT STREET ADDRESS	CITY	STATE ZIP CODE
	COUNTRY	ARE YOU RELATED TO THE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECONDARY TELEPHONE NUMBER

IMPORTANT INFORMATION IF PARTICIPATING IN EMERGENCY CONTACT PROGRAM

Please ensure the emergency contact information provided is up to date and accurate. Virginia DMV is not responsible for any errors in the information provided. In the event of an emergency, this contact information may be disclosed to emergency personnel. Per Virginia statute, DMV is immune from liability if the designated person(s) listed cannot be contacted.

NOTICE

Va. Code §§46.2-323 and 46.2-342 require that you provide DMV with the information on this form (including your social security number). Your personally identifiable information is being collected for record keeping purposes and will be disseminated only in accordance with Va. Code §§46.2-208, 46.2-209, 46.2-345, and the Driver's Privacy Protection Act, 18 USC §2721. Persons convicted of certain sexual offenses (as listed in Va. Code §9.1-902) must register or re-register with the Virginia Department of State Police as provided in Va. Code §§9.1-901, 9.1-903, and 9.1-904. If you provide a non-Virginia residence/home address or non-Virginia mailing address, your application for a driver's license or permit may be denied. Upon issuance of a driver's license or identification card in the Commonwealth of Virginia, any driver's license or identification card previously issued by another state must be surrendered and will be cancelled by the issuing state.

CERTIFICATION

Parent/Legal Guardian, check the box if you give consent for this minor to become an organ, eye and tissue donor and for the Department of Motor Vehicles (DMV) to display this information on his/her identification card.

I certify and affirm that my child is a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that my child's appearance, for purpose of this DMV photograph, is a true and accurate representation of how he/she generally appears in public. I make this certification and affirmation under penalty of perjury and understand that knowingly making a false statement on this application is a criminal violation. By signing this form, I authorize DMV to verify the information provided on this application, as required to determine eligibility.

PARENT/LEGAL GUARDIAN NAME (print)	PARENT/LEGAL GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)
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SELECTIVE SERVICE

All males under the age of 26 are required to check one of the following. Failure to provide a response will result in denial of your application.

- I am already registered with Selective Service.
- I am a non-immigrant alien in the U.S. and not required to register.
- I authorize DMV to forward to the Selective Service System personal information necessary to register me with Selective Service.

By signing this application, I consent to be registered with Selective Service, if required by federal law. If under age 18, an appropriate adult must complete and sign below: I authorize DMV to send information to Selective Service which will be used to register applicant when he is 18 years old.

SIGNATURE (check one and sign) PARENT / GUARDIAN JUDGE, JUVENILE DOMESTIC RELATIONS COURT EMANCIPATED MINOR